


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91791 031 ***150.00

DOCUMENT # **P02000116781**

1. Entity Name
BENITEZ & ASSOCIATES, P.A.



Principal Place of Business
~~1428 OBISPO AVENUE~~
CORAL GABLES FL 33134

Mailing Address
~~1428 OBISPO AVENUE~~
CORAL GABLES FL 33134

WRONG

0000000



2. Principal Place of Business
1408 OBISPO AVENUE

3. Mailing Address
1408 OBISPO AVENUE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES

City & State
CORAL GABLES

Zip
FL 33134

Zip
FL 33134

4. FEI Number
47-0894493

Applied For
 Not Applicable

8. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD., 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Luis A. Benitez

Street Address (P.O. Box Number Is Not Acceptable)
1408 OBISPO AVENUE

City
CORAL GABLES

FL Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luis A. Benitez* DATE **6/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.O. S. Benitez</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M.P. D. J.</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President, Director, Secretary</i> <i>Senia O. Benitez</i> <i>1408 obispo ave.</i> <i>Miami FL 33134</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President, Director, Treasurer</i> <i>Luis A. Benitez</i> <i>1408 obispo ave</i> <i>Miami FL 33134</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis A. Benitez* DATE **7/25/03** **305-345-5816**

Signature, typed or printed name of signing officer or director