

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATE AFFAIRS

**APPROVED
AND
FILED**

504Y-1 AM 5-11

DOCUMENT # P20239

(0)

1. Corporation Name:

BENTRA CORP.

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business:

**% ROBERT MARTIN COMPANY
100 CLEARBROOK RD.
ELMSFORD NY 10523**

Mailing Address:

**% ROBERT MARTIN COMPANY
100 CLEARBROOK RD.
ELMSFORD NY 10523**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification

07/27/1988

3a. Date of Last Report

04/22/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FLL Number

13-3468232

Applied For

Not Applicable

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 197.03(1) and 197.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 197.03(1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

OFF	D
NAME	BERGER, MARTIN S
STREET ADDRESS	100 CLEARBROOK RD
CITY, ST, ZIP	ELMSFORD NY
OFF	VAS
NAME	ROOS, LLOYD I.
STREET ADDRESS	100 CLEARBROOK RD.
CITY, ST, ZIP	ELMSFORD NY
OFF	CD
NAME	WEINBERG, ROBERT F.
STREET ADDRESS	100 CLEARBROOK RD.
CITY, ST, ZIP	ELMSFORD NY
OFF	P
NAME	BERGER, BRAD W
STREET ADDRESS	100 CLEARBROOK, RD
CITY, ST, ZIP	ELMSFORD NY
OFF	V
NAME	JONES, TIM M
STREET ADDRESS	100 CLEARBROOK RD
CITY, ST, ZIP	ELMSFORD NY
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. OFF	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. OFF	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. OFF	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. OFF	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes to Block 13 are in this filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Martin Berger

4-26-95

(914) 592-4800