

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90101 010 ***150.00

DOCUMENT # P93000031194

1. Entity Name
BENEDETTO J. DISPENZIERS, JR., C.P.A., P.A.

| | |
|---|--|
| Principal Place of Business 100 N.W. 82ND AVE. SUITE 302 PLANTATION FL 33324 US | Mailing Address 100 N.W. 82ND AVE. SUITE 302 PLANTATION FL 33324-1835 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1776 N Pine Island Rd Suite, Apt. #, etc. 314 | 3. Mailing Address 1776 N Pine Island Rd Suite, Apt. #, etc. 314 |
|---|---|

| | |
|--------------------------------------|--------------------------------------|
| City & State PLANTATION FL | City & State PLANTATION FL |
| Zip 33322 | Zip 33322 |
| Country USA | Country USA |

4. FEI Number **65-0405921** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISPENZIERS, BENEDETTO J JR
100 N.W. 82ND AVE.
SUITE 302
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DISPENZIERS, BENEDETTO J JR 100 N.W. 82ND AVE., SUITE 302 PLANTATION FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/20/00** **954-476-6700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)