

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**  
 02-11-2002 90095 043 \*\*\*150.00

01/05/02 14

**DOCUMENT # P93000056802**

1. Entity Name  
**DABEN, INC.**

Principal Place of Business

**415 E NEW HAVEN AVE  
 MELBOURNE FL 32901  
 US**

Mailing Address

**415 E NEWHEVEN AVE  
 MELBOURE FL 32901  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3219 SAND DUNES CT.**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 1714**

Suite, Apt. #, etc.

City & State

**MELBOURNE BEACH, FL**

City & State

**MELBOURNE, FL**

4. FEI Number

**59-3192583**

Applied For

Not Applicable

Zip

**32951**

Country

**USA**

Zip

**32901**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BORSELLINO, BEN J  
 415 E NEWHAVEN AVE  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **BEN J. BORSELLINO**

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

**3219 SAND DUNES CT**

City **MELBOURNE BEACH**

**FL**

Zip Code

**32951**

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 **BEN J. BORSELLINO, PRES**

Signature, typed or printed name of registered agent and title if applicable.

**BEN J. BORSELLINO, PRES**

(NOTE: Registered Agent signature required when reinstating)

**1-25-02**

DATE

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, 2002 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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST<br/>BORSELLINO, BEN J<br/>415 E NEWHAVEN AVE<br/>MELBOURNE FL 32901</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST<br/>BEN J. BORSELLINO<br/>3219 SAND DUNES CT<br/>MELBOURNE BEACH, FL 32951</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BERNARDINO DEL BENE<br/>403 BLUE JAY LANE<br/>SATELLITE BEACH, FL 32937</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JOSEPHINE BORSELLINO<br/>20 HALSEY PLACE<br/>VAN HALLA, NEW YORK 10595</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**BEN J. BORSELLINO, PRES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BEN J. BORSELLINO 1/25/02 321-952-6633**

CR2E034 (9/01)