

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90063 012 \*\*\*150.00

**DOCUMENT # P94000000185**

1. Entity Name  
**BUSY BROOMS, INCORPORATED**

Principal Place of Business  
**28401 SW 202 AVE**  
**MIAMI FL 33030**  
**US**

Mailing Address  
**28401 SW 202 AVE**  
**MIAMI FL 33030**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0460446**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRIMARCO, GEORGE E**  
**28401 SE 202ND AVE**  
**MIAMI FL 33030**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**28401 SW 202 AVE**  
**MIAMI, FL 33030**  
 City **MIAMI** **FL** Zip Code **33030**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **D BENJAMIN, KARL**  
 STREET ADDRESS **28401 SE 202 AVE**  
 CITY-ST-ZIP **MIAMI FL 33030**  
**28401 SW 202 AVE**  
**MIAMI, FL 33030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D BENJAMIN, MARILYN**  
 STREET ADDRESS **28401 SE 202 AVE**  
 CITY-ST-ZIP **MIAMI FL 33030**  
**28401 SW 202 AVE**  
**MIAMI, FL 33030**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/07/01** **305 248 4999**  
 Date Daytime Phone #

0026320 AV

CR2E034 (5/01)

Attachment

Doc. # <sup>A0081089</sup> P94000000/85

August 07, 2001

Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear sir/Madam,

This is to inform you that a cheque was mailed to you on the first week in April, but apparently, has been lost.

Upon calling your office today, Aug. 07, I was advised to mail in a cheque in the amount of \$150.00 accompanied by this letter.

Hopefully, this will arrive at its destination.

Thanking you in advance,

