## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000002849** May 15, 2000 8:00 am Secretary of State BENDROTH LUBRICANTS, INC. 05-15-2000 90237 044 \*\*\*150.00 Principal Place of Business Mailing Address 416 HALLANDALE BEACH BLVD 416 HALLANDALE BEACH BLVD HALLANDALE FL HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 8655 SW 58th Street 8655 SW 58th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0473233 Cooper City, FL Not Applicable Cooper City, FL Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33328 USA 33328 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James Bender Street:Address (P.O. Box Number is Not Acceptable) 416 HALLANDALE BEACH BLVD HALLANDALE FL 8655 SW 58th Street Cooper City his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XXDelete TITLE Change **K**Addition P/C TITLE ROTHENBERG, STEPHEN NAME James Bender NAME 8655 SW 58th Street STREET ADDRESS 416 HALLANDALE BEACH BLVD STREET ADDRESS Cooper City, FL 33328 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL $\nabla TD$ **KX**Addition ☐ Change ☐ Delete TITLE Jospeph Krug NAME NAME 1320 Seminole Drive STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33304 CITY-ST-ZIP CITY-ST-ZIP XX Addition ☐ Delete Change TITLE TITLE Joyce Bender NAME 8655 SW 58th Street STREET ADDRESS STREET ADDRESS Cooper City, FL 33328 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 with all other like empowered SIGNATURE: