

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012450

1. Entity Name

JUAN F. BENITEZ, C.P.A., P.A.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 011 ***150.00

Principal Place of Business

Mailing Address

~~2381 S.W. 80TH COURT~~
 MIAMI FL 33155

~~2381 S.W. 80TH COURT~~
 MIAMI FL 33155-1261

2. Principal Place of Business

3. Mailing Address

8001 SW 24 STREET

8001 SW 24 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0554826

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

BENITEZ, JUAN F
 10865 SW 36TH ST
 MIAMI FL 33165

Name

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

8001 Coral Way

City Miami

FL

Zip Code 33155

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

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

(NOTE: Registered Agent signature required when reinstating)

3/1/00
 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, 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 PD
 NAME BENITEZ, JUAN F
 STREET ADDRESS 10865 S.W. 36 SI
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
 NAME BENITEZ, MARVELIA
 STREET ADDRESS 10865 S.W 36 SI
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D ☒ Delete
 NAME BENITEZ, JUAN M
 STREET ADDRESS 10865 S.W. 36 SI
 CITY-ST-ZIP MIAMI FL

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

TITLE S
 NAME DON, MARIA
 STREET ADDRESS 6881 SW 5TH ST
 CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4145 SW 151 TERRACE
 CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00
 Date

(305) 261-8589
 Daytime Phone #

CR2E034 (9/99)