

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90005 038 \*\*\*150.00

**DOCUMENT #** P95000073256

1. Entity Name

BENROS INTERNATIONAL PRODUCTIONS, INC.

Principal Place of Business

5850 LAKEHURST DRIVE  
 SUITE 150-30  
 ORLANDO, FL 32819

Mailing Address

(SAME)

2. Principal Place of Business

8978 Royal Birkdale Lane  
 Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 690205  
 Suite, Apt. #, etc.

00056256

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL 32819

City & State

Orlando, FL 32869-0205

4. FEI Number

59-3335628

Applied For

Not Applicable

Zip

32819

Country

Orange

Zip

32869-0205

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BEN ROSSI, PRESIDENT  
 8978 ROYAL BIRKDALE LANE  
 ORLANDO, FLORIDA 32819

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| TITLE          | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME           | Ben Rossi                                                                                   |
| STREET ADDRESS | 8978 Royal Birkdale Lane                                                                    |
| CITY-ST-ZIP    | Orlando, FL 32819                                                                           |
| TITLE          | SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME           | Victoria B. Rossi                                                                           |
| STREET ADDRESS | 8978 Royal Birkdale Lane                                                                    |
| CITY-ST-ZIP    | Orlando, FL 32819                                                                           |
| TITLE          | VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Christopher M.B. Rossi                                                                      |
| STREET ADDRESS | 1100 S. Orlando Avenue, Apt. #304                                                           |
| CITY-ST-ZIP    | Maitland, FL 32751                                                                          |
| TITLE          | VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Ryan Christopher Rossi                                                                      |
| STREET ADDRESS | 8978 Royal Birkdale Lane                                                                    |
| CITY-ST-ZIP    | Orlando, FL 32819                                                                           |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME           |                                                                                             |
| STREET ADDRESS |                                                                                             |
| CITY-ST-ZIP    |                                                                                             |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME           |                                                                                             |
| STREET ADDRESS |                                                                                             |
| CITY-ST-ZIP    |                                                                                             |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

PRESIDENT

05  
 04/07/2001

(407) 909-0950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)