

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 016 ***150.00

DOCUMENT # **P95000073256** ✓

1. Entity Name

BENROS INTERNATIONAL PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO BOX 690205

3. Mailing Address
PO 690205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3335628

Applied For
Not Applicable

Zip
32869-0205

Country
Orange

Zip
32869-0205

Country
Orange

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

**DO NOT WRITE
IN THIS SPACE**

SAME AS BEFORE

7. Name and Address of Current Registered Agent

Name
BEN ROSSI

Street Address (P.O. Box Number is Not Acceptable)
7416 Somerset Shores Court

City
Orlando FL Zip Code
32819

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
DPT
ROSSI, BENNY
STREET ADDRESS
7416 Somerset Shores Court
CITY- ST- ZIP
Orlando, FL

TITLE
NAME
DS
ROSSI, VICTORIA B.
STREET ADDRESS
7416 Somerset Shores Court
CITY- ST- ZIP
Orlando, FL

TITLE
NAME
DVP
ROSSI, CHRISTOPHER M.B.
STREET ADDRESS
1100 South Orlando Avenue
CITY- ST- ZIP
Maitland, FL

TITLE
NAME
DVP
ROSSI, RYAN C.
STREET ADDRESS
7416 Somerset Shores Court
CITY- ST- ZIP
Orlando, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2002 (407) 363-9147
Date Daytime Phone #

CR2E034B (12/01)