

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90054 018 \*\*\*150.00

**DOCUMENT # P95000080449**

1. Entity Name

**THE BEN-ALEX GROUP, INC.**

Principal Place of Business

**4410 NW 67TH TER  
LAUDERHILL FL 33319**

Mailing Address

**4410 NW 67TH TER  
LAUDERHILL FL 33319****U0013332**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0614606**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BENSON, HAYWARD J  
4410 NW 67TH TER  
LAUDERHILL FL 33319**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D BENSON, HAYWARD J JR 4410 NW 67TH TER LAUDERDALE FL 33319</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>D BENSON, MATTIE A 4410 NW 67TH TER LAUDERDALE FL 33319</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>D BENSON, H. STEPHAN 2029 NW 46TH AVE #406E LAUDERHILL FL 33313</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>D BENSON, D'RENE 5209 BUTTOWOOD CT TAMARAC FL 33319</b>	<input type="checkbox"/>	<b>4392 SW 130 AVE DAVIE, FL 33330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

**29 JAN 01**

Date

**954-749-9540**

Daytime Phone #

CR2E034 (10/00)