

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

1/2

01-22-2003 90159 047 \*\*\*158.75

**DOCUMENT # P95000088983**

1. Entity Name  
**C. S. BENSCH, INC**



Principal Place of Business  
**10400 GRIFFIN RD.  
STE 104  
COOPER CITY FL 33328**

Mailing Address  
**10400 GRIFFIN RD.  
STE 104  
COOPER CITY FL 33328  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0657404**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENSCH, C. SCOTT  
4910 SW 201 TERRACE  
FT LAUDERDALE FL 33332**


7. Name and Address of New Registered Agent

Name **ALAN KRIZMAN**

Street Address (P.O. Box Number is not acceptable) **2601 SW BAYSHORE DRIVE  
SUITE 1600**

City **MIAMI** State **FL** Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/6/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

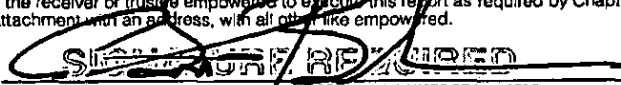
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BENSCH, C-S 4910 SW 201 TERRACE FT LAUDERDALE FL 33332</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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:  DATE **1/6/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/02)

Attachment

55007251

# P95000088983

ALAN KRINZMAN  
ADORNO & ZEDER, PROF. ASSOC.  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI, FL 33133

OFC TEL: 305-858-5555  
OFC FAX: 305-858-4777  
ALAN DIRECT: 305-860-7360  
ASSIST: MARGE X7359

REGISTERED AGENT

FOL C.S. BENSCH, INC

FEL # 65-065 7404