

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002015

1. Entity Name

BENELAND, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90089 007 ***150.00

000410



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1200 WISCONSIN AVE., N.W. 1200 WISCONSIN AVE., N.W.
WASHINGTON DC 20007 WASHINGTON DC 20007

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0629788 Applied For Not Applicable

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

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	<input type="checkbox"/> Delete
NAME	KARABASSIS, IRAKLIS	
STREET ADDRESS	3236 PROSPECT ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KARABASSIS, CHRISTOS	
STREET ADDRESS	3236 PROSPECT ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KARABASSIS, YASMINE	
STREET ADDRESS	3236 PROSPECT ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20007	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000 2023380725
Date Daytime Phone #

CR2E034 (9/99)