

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004688

1. Entity Name

BENCH ADS OF BROWARD COUNTY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90061 004 ***150.00

Principal Place of Business

950 N.E. 40TH CT
OAKLAND PARK FL 33334

Mailing Address

P.O. BOX 24307
FT LAUDERDALE FL 33307-4307

2. Principal Place of Business

19589 N.E. 10AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33179

Country

USA

Zip

Country

4. FEI Number

65-0651161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NADEL, ERIC
950 N.E. 40TH CT
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name

CORT A. NEIMARK

Street Address (P.O. Box Number is Not Acceptable)

800 CORPORATE DRIVE

SUITE 420

City

Font LAUDERDALE

FL

Zip Code

33334

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

Cort A. Neimark

4/27/00

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, 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

TITLE P
NAME NADEL, ERIC
STREET ADDRESS 443 HOLIDAY DR
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D
NAME TOMCZAK, RAY
STREET ADDRESS 3081 N.E. 43RD ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

C. Nadel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

305-999-0091

Daytime Phone #

CR2E034 (9/99)