

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016432

1. Entity Name

TIMOTHY BENITZ MANAGEMENT INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90077 039 ***150.00

Principal Place of Business

Mailing Address

246 SEMINOLE AVE
PALM BEACH FL 33480
US

246 SEMINOLE AVE
PALM BEACH FL 33480-3735
US

2. Principal Place of Business

3. Mailing Address

221 POTTER LANE
Suite, Apt. #, etc.

221 POTTER LANE
Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLA.

City & State

WEST PALM BEACH, FLA.

Zip

33405

Country

USA

Zip

33405

Country

USA

4. FEI Number

65-0647998

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

BENITZ, TIMOTHY
246 SEMINOLE AVE
PALM BEACH FL 33480

Name

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

221 POTTER LANE
City WEST PALM BEACH FL Zip Code 33405

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, 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 D ☒ Delete
NAME BENITZ, TIMOTHY
STREET ADDRESS 246 SEMINOLE AVE
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME BENITZ, TIMOTHY
STREET ADDRESS 221 POTTER LANE
CITY-ST-ZIP WEST PALM BEACH FLA 33405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)