FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P96000055092 (6)

BENTL	EY BUILDING RENOVATION	NS, INC.			248 2014 224 125 125 125 125 125 125 125 125 125 125 125 125 125 125 125
Principal Plac	ce of Business	Mailing Address		S IRRAIDEN IN INDIN BRING SONN SOSIN DONN SOND	f MINDS Motte MATTE AND AND LEAS AREA
724 PARKSIDE CIRCLE N 724 PARKSIDE CIRCLE I BOCA RATON 71 23486 BOCA RATON FL 33486			DO NOT WRITE IN T	JIS COACE	
777 1	IN GAVE	777 ALL 6 AT	le.	3. Date Incorporated or Qualified	TIS SPACE
Reza	IW GAVE Raton,FL 33432	777 NW 6 Ar Boca Ration	E1.33432	· ·	
2. Principal I	Place of Business	2a, Mailing Address	17000100	06/27/1996 4. FEI Number	Applied For
21		26		65-0680735	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	······································		\$8.75 Additional
27			5. Certificate of Status Desired	Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	red Agent
SHAKIB, JAHANGIR			81 Name		;
724 PARKSIDE CIRCLE N			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486		83			
			83		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 060	2 and 607 1508 Florida Statute	es the above-named corr		
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	outhorized by the corpora orida Statutes.	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	out and tille if applicable (NOTI	E: Registered Agent signature requi	red when reinstating) DAT	re
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PVPT	DELETE	1,1 TITLE		Change Addition
NAME	SHAKIB, JAHANGIR		1.2 NAME		
STREET ADDRESS	724 PARKSIDE-CIR. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	80CA-RATON FL	Y	1.4 CITY - ST - ZIP		
TITLE	> > = 1/4 (AVA.	☐ DELETE	2.1 TITLE		Change Addition
NAME	377 NW GAVE. Botoc Raton, FL 33	432	2.2 NAME		_ , _
STREET ADDRESS	00-00 10000,70000	,,,,,	2.3 STREET ADDRESS		
CITY-ST-ZIP	}		2. 4 CITY - ST - ZIP		
TITLE	-	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		İ
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	1 .		m 1		1

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 12 or Block 13 if changed, or on an attachment with an address.

36/148

FILED

Mar 31 1998 8:00am

Secretary of State