

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057897

1. Entity Name

BENI COFFEE SERVICE, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90089 023 \*\*\*158.75

**80037828**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3270 SE 58TH AVE  
STE 1  
OCALA FL 34471  
US

Mailing Address

3270 SE 58TH AVE  
STE 1  
OCALA FL 34471  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3390696

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMP, DENNIS D  
808 SE FORT KING ST  
OCALA FL 34471

7. Name and Address of New Registered Agent

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

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, 2001 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** ☐ Delete  
NAME **BEHAR, ALBERT**  
STREET ADDRESS **2246 GROVELAND DR**  
CITY-STATE-ZIP **LUTZ FL**

TITLE **VP** ☐ Delete  
NAME **BEHAR, DORIS**  
STREET ADDRESS **2246 GROVELAND DR**  
CITY-STATE-ZIP **LUTZ FL**

TITLE **S** ☐ Delete  
NAME **BEHAR, WENDY**  
STREET ADDRESS **3411 SW 25TH STREET**  
CITY-STATE-ZIP **OCALA FL**

TITLE **T** ☐ Delete  
NAME **BEHAR, MIKE**  
STREET ADDRESS **3411 SW 25TH STREET**  
CITY-STATE-ZIP **OCALA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-STATE-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:

*Wendy L Behar* Wendy L Behar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

(352) 622-8313

Daytime Phone #

CR2E034 (10/00)