2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700001663

1. Entity Name

BENDRICKS INTERNATIONAL CORPORATION



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90231 002 ***150.00

Principal Place 7220 NW 36 S 632 MIAMI FL 3316 US 2. Principal P	TREET	Mailing Address 7220 NW 36TH STREET 632 MIAMI FL 33166-9999 US 3. Mailing Address		ı						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 65-0721146		<u> </u>	Applied For Not Applicable	
Zip	Country Zip C		Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Cu	ırrent Registered Agent				7. Name and Address of New Registered Agent				
	:NNIE L JR 36 ST #632		Name Street Ad		Address (F	es (P.O. Box Number is Not Acceptable)				
MIAMI FL										
	••••			City			F	Zip Code	е	
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS						Trust Fund	campaign Financing d Contribution.	☐ Added	May Be I to Fèes	
10.			11.	_	Т	ADDITIONS/CHANG	GES TO OFFICERS AF	Change	Addition	
	D Wiley, Bennie L Jr 7220 NW 36 St Suite 632 Miami Fl 33166	☐ Delete		E	(11)	rently	nat ac		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	All and a second a	☐ Delete		Loodress -ST-ZIP	in	Susine.	s opera	Change	☐ Addition	
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indicated	on this report or supplemental re	ed with this filing does not qualify port is true and accurate and that empowered to execute this reportess, with all other like empowere	t my signa:	ure shali h	nave the s	ame legal effect as if n	nade 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 10 or Block 11 is changed, or on an attachment with an address, with all of the empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME SHISINING OFFICER OR DIRECTOR

Daytome Phone #

CR2E034 (10/02)