

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009055

1. Entity Name

R. DEBENEDETTO, P.A.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90350 042 \*\*\*150.00

Principal Place of Business

420 NW 97TH AVE  
PLANTATION FL 33324  
US

Mailing Address

420 NW 97TH AVE  
PLANTATION FL 33324  
US

2. Principal Place of Business

2240 N.W. - 80th TERRACE  
Suite, Apt. #, etc.

3. Mailing Address

2240 N.W. - 80th TERRACE  
Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

Zip

33322

Country

BROWARD

City & State

SUNRISE FLORIDA

Zip

33322

Country

BROWARD

4. FEI Number

65-0720572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEBENEDETTO, ROBERT  
420 NW 97TH AVE  
PLANTATION FL 33324

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  
NAME DEBENEDETTO, ROBERT ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP  
Robert De Benedetto  
2240 NW 80th Terrace  
Sunrise, FL. 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.

Robert De Benedetto  
2240 NW 80th Terrace  
Sunrise, FL. 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DIRECTORS IN 11

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 (10/00)