## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000018035** May 15, 2000 8:00 am Secretary of State BENEMODA CO. INTERNATIONAL INC. 05-15-2000 90298 012 \*\*\*150.00 Principal Place of Business Mailing Address 12908 AIRWAY STREET 12908 AIRWAY STREET PANAMA CITY FL 32404-2833 PANAMA CITY FL 32404-2833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0745279 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 12908 AIRWAY STREET **PANAMA CITY FL 32404-2833** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 .Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE Delete NAME YOUNG, DAVID F NAME STREET ADDRESS 12908 AIRWAY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PANAMA CITY FL 32404-2833** ☐ Addition Change Delete TITLE TITLE YOUNG, JUDITH C NAME NAME STREET ADDRESS STREET ADDRESS 12908 AIRWAY STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Change ☐ Addition TITLE ☐ Delete HUGHEY, BONNIE J NAME NAME STREET ADDRESS STREET ADDRESS 18495 S. DIXIE HWY., B102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Change ☐ Addition TITLE TITLE NAME NAME FEDELL, KATHY A STREET ADDRESS STREET ADDRESS 8001 S. ORANGE BLOSSOM TR., STE 516 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED MARE OF SIGNATURE OFFICER OR DIRECTOR

4/20/00 (305) 238-3600 Date Dayline Prone #