

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018035

1. Entity Name

**BENEMODA CO. INTERNATIONAL INC.**

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90386 008 \*\*\*150.00

Principal Place of Business

Mailing Address

**12908 AIRWAY STREET**  
**PANAMA CITY FL 32404-2833**

**12908 AIRWAY STREET**  
**PANAMA CITY FL 32404-2833**

2. Principal Place of Business

**16800 SW 96 CT**

3. Mailing Address

**18495 S. Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-0745279**

Applied For

Not Applicable

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, JUDITH C**  
**12908 AIRWAY STREET**  
**PANAMA CITY FL 32404-2833**

Name

**Bonnie J. Hughey**

Street Address (P.O. Box Number is Not Acceptable)

**16800 SW 96 CT**

City

**Miami**

**FL**

Zip Code

**33157**

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

*Bonnie J. Hughey*

**4/25/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, DAVID F 12908 AIRWAY STREET PANAMA CITY FL 32404-2833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, JUDITH C 12908 AIRWAY STREET PANAMA CITY FL 32404-2833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HUGHEY, BONNIE J 18495 S. DIXIE HWY., B102 MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST Bonnie J. Hughey 16800 SW 96 CT Miami	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

*Bonnie J. Hughey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bonnie J. Hughey**

**4/25/01 (305) 238-3600**

Daytime Phone #

CR2E034 (10/00)