2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, w

SIGNATURE:

DOCUMENT # P97000108172 Aug 03, 2000 8:00 am Secretary of State BENOWITZ MANAGEMENT COMPANY, INC. 08-03-2000 90004 040 ***150.00 Mailing Address Principal Place of Business 1541 BRICKELL AVE. UNIT A2201 1541 BRICKELL AVE. UNIT A2201 MIAMI FL 33130 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0807521 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMIAN, VINCENT E JR Street Address (P.O. Box Number is Not Acceptable) 80 SW 8TH ST, SUITE 2550 **MIAMI FL 33130** Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENOWITZ, H. ALLEN NAME NAME 1541 BRICKELL AVE. UNIT A2201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33129** ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITL F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #



July 27, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FI 32302-1500

RE:

BENOWITZ MANAGEMENT COMPANY, INC.

FEI:

65-0807521

FORM:

2000 UNIFORM BUSINESS REPORT (UBR)

Dear Sir or Madam:

The above mentioned taxpayer requested that we respond to the second request for the Uniform Business Report.

Enclosed you will find the 2000 Uniform Business Report form together with a check payable to the Department of State in the amount of \$150.00. The above mentioned client did not receive the first notice. Please accept the \$150.00 as payment in full.

Thank you in advance for updating the Taxpayer's records accordingly.

Should you have any questions or comments please do not hesitate to contact us.

Sincerely

ADAM SPIECE

Cc:

H. Allen Benowitz, President