

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90281 047 \*\*\*150.00

0503974

**DOCUMENT #** P98000003427**1. Entity Name**

BEN GINES LMT, PA

**Principal Place of Business****Mailing Address****2. Principal Place of Business**388 CITYVIEW DR  
Suite, Apt. #, etc.**3. Mailing Address**388 CITYVIEW DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

FT LAUDERDALE FL

**City & State**

FT LAUDERDALE FL

**4. FEI Number**

65-080872V

**Applied For**☐ Not Applicable**Zip**

33311

**Country**

US

**Zip**

33311

**Country**

US

**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****Name**

BENJAMIN GINES

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

388 CITYVIEW DR

**City**

FT LAUDERDALE

**FL****Zip Code**

33311

**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**

Ben Gines

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete  
**NAME** PSTD  
**STREET ADDRESS** BEN GINES  
**CITY-ST-ZIP** 1901 N ANDREWS AVE #120  
FT LAUDERDALE FL 33311**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 388 CITYVIEW DR  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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:**

Ben Gines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

5/11/01

**Daytime Phone #**

763-5370

CR2E034 (1/00)