

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90045 028 \*\*\*550.00

**DOCUMENT # P98000030920**

**1. Entity Name**  
**BENEFICIAL FINANCIAL MORTGAGE CORP**

**Principal Place of Business**  
**BENEFICIAL FINANCIAL**  
**16969 NW 67 AVENUE #204**  
**MIAMI FL 33015**

**Mailing Address**  
**16969 N.W. 67TH AVE.**  
**SUITE #204**  
**MIAMI FL 33015**



**2. Principal Place of Business** *Beneficial Financial* **3. Mailing Address** *16969 NW 67 Ave*  
**Suite-Apt.-#-etc.** *16969 NW 67 Ave* **Suite-Apt.-#-etc.** *107 Suite #*  
**City & State** *MIAMI FL Suite 107* **City & State** *MIAMI FL 33015*  
**Zip** *33015* **Country** *USA* **Zip** *33015* **Country** *USA*

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number** **65-0829149** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JIMENEZ, BELKYS**  
**18023 NW 78 AVE**  
**MIAMI FL 33015**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>JIMENEZ, BELKYS</b> <b>18023 NW 78 AVE</b> <b>MIAMI FL 33126</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**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]* **9-18-02 305-826-4001**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (4/02)

Attachment  
Doc. # PS8000030920



873323

**BENEFICIAL FINANCIAL MORTGAGE, CORP.**

Licensed Mortgage Brokerage Business

9-19-02

To: The Florida Department of State  
Division of Corporations

Attached is my payment of \$550.00. I did not receive the bill until today. We have moved offices and this bill was never forwarded to our new suite. Our new suite number is #107. Please update your records to reflect the address below. Thank you for your time.

Sincerely,

Belkys Jimenez  
Owner