FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90036 045 ***158.75

B0058806

DOCUMENT # P98000036450 ✓

1. Entity Name
Bennyluc Enterprises, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10935 Neptune DR
Suite, Apt. #, etc.
City & State: Cooper City FL
Zip: 33026 Country: USA

3. Mailing Address
10935 Neptune DR
Suite, Apt. #, etc.
City & State: Cooper City FL
Zip: 33026 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650833889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rinoldi A. Lucanese
Street Address (P.O. Box Number is Not Acceptable): 10935 Neptune Dr.
City: Cooper City FL Zip Code: 33026

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: Rinoldi A. Lucanese Pres/Owner Rinoldi 3-26-02
Signature, type or printed name of registered agent and title if applicable. (If FL Registered Agent Signature is required above) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rinoldi A. Lucanese 10935 Neptune DR Cooper City, FL 33026
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CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rinoldi A. Lucanese 3-26-02 954-450-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #