

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0286419 AV

03-18-2002 90006 013 ***150.00

DOCUMENT # P98000046333

1. Entity Name
HILDA MITRANI BENNETT CONSULTING CO.

Principal Place of Business
19400 NORTHEAST 19TH AVENUE
NORTH MIAMI BEACH FL 23179
US

Mailing Address
19400 NORTHEAST 19TH AVENUE
NORTH MIAMI BEACH FL 23179
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20370 NE 22 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
SAME AS #2
 Suite, Apt. #, etc.

City & State
N MIAMI BEACH FL
 Zip
33180
 Country
DADE

City & State
 Zip
 Country

4. FEI Number **65-0841435** Applied For
 Not Applicable

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

BENNETT, HILDA
19400 NE 19TH AVENUE
NORTH MIAMI BEACH FL 33179

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PSTD BENNETT, HILDA M 19400 NORTHEAST 19TH AVENUE NORTH MIAMI BEACH FL 23179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>20370 NE 22 PLACE</i> <i>N MIAMI BEACH, FL 33180</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(f), 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: *Hilda M Bennett* *2/16/02* *305-932-8130*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)