

# 2000 UNIFORM BUSINESS REPORT (UBR) #

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90055 018 \*\*\*150.00

**DOCUMENT # P98000046466**

1. Entity Name  
**BEN QUEVEDO, INC.**

Principal Place of Business

**301 COSTA BRAVA COURT  
 CORAL GABLES FL 33143**

Mailing Address

**301 COSTA BRAVA COURT  
 CORAL GABLES FL 33143-6555**

2. Principal Place of Business

**10165 NW 19 STREET**  
 Suite, Apt. #, etc.

3. Mailing Address

**10165 NW 19 STREET**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0841688**

Applied For  
 Not Applicable

Zip  
**33172**

Country

Zip  
**33172**

Country

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

**SAXON, KYLE R ESQ  
 1700 ALFRED I. DUPONT BUILDING  
 169 EAST FLAGLER STREET  
 MIAMI FL 33131**

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, 2000 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	<b>PST QUEVEDO, BENITO 301 COSTA BRAVA COURT CORAL GABLES FL 33143</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Benito Quevedo** Date: 01/10/2000 Daytime Phone #: 305-586-2493

CR2E034 (9/99)