

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90158 036 \*\*\*150.00

DOCUMENT # **P98000053902**

1. Entity Name

**BEN-Co Tran Inc.**  
**DBA-Transmission King**

Principal Place of Business

**3737 N. Federal Hwy**  
**Pompano Bch. Fl**  
**33064**

Mailing Address

**3724 N.E. 18 Ter**  
**Pompano Bch**  
**Fl. 33064**

2. Principal Place of Business

**3737 N. Federal Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**3724 N.E. 18 Ter**  
**Pompano Bch. Fl 33064**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pompano Bch. Fl.**

City & State

**Pompano Bch. Fl.**

4. FEI Number

**65-0848651-151912**

Applied For

Not Applicable

Zip

**33064**

Country

**Broward**

Zip

**33064**

Country

**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Robert Forman**  
**2101 W. Commercial Blvd**  
**Ft. Lauderdale, Fl 33309**  
**Suite 4100**

7. Name and Address of New Registered Agent

Name **Robert Lettman**  
Street Address (P.O. Box Number is Not Acceptable)  
**8010 N. UNIVERSITY DRIVE, TAMARA FL.**  
City **Tamara c** FL Zip Code **33321**

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

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

TITLE	<b>Vice Pres</b>	<input type="checkbox"/> Delete
NAME	<b>Clinton Rhoades</b>	
STREET ADDRESS	<b>8937 N.W. 45 Ct.</b>	
CITY-ST-ZIP	<b>Coral Springs, Fl. 33065</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Guy W. Rhoades</b>	
STREET ADDRESS	<b>9581 N.W. 92 Ter</b>	
CITY-ST-ZIP	<b>Coral Sp. Fl. 33065</b>	
TITLE	<b>PRES</b>	<input type="checkbox"/> Delete
NAME	<b>Guy E. Rhoades</b>	
STREET ADDRESS	<b>10144 N.W. 1st. Manor</b>	
CITY-ST-ZIP	<b>Coral Springs, Fl 33071</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Simmon, Ben</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2412 N.W. 63 St</b>	
CITY-ST-ZIP	<b>Boca Raton, Fl. 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/01 954-782-6292**

CR2E034 (11/00)