

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90133 026 ***150.00

DOCUMENT # P98000054496

1. Entity Name

BENNY'S OF BRISTOL, INC.

Principal Place of Business

**HWY 12 & HWY 20
 BRISTOL FL 32321-1029**

Mailing Address

**P O BOX 1029
 BRISTOL FL 32321-1029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3518426

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

HAMZA, RAJA B

HWY 12 & HWY 20

BRISTOL FL 32321-1029

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAMZA, RAJA B**
 CITY-ST-ZIP **P O BOX 1029 N/A
 BRISTOL FL 32321-1029**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAMZA, TAREK B**
 CITY-ST-ZIP **P O BOX 1029 N/A
 BRISTOL FL 32321-1029**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Downtown Business Services

7345 Sand Lake Rd. Orlando FL. 32919 Phone # (407) 352-7006 Fax # (407) 354-0470

122726

June 18th, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Benny's of Bristol, Inc. Document # P98000054496

To whom it may concern:

Please be advised that we are independent accountants for Benny's of Bristol, Inc. On April 26, 2002 my client Raja B. Hamza went to your office in Tallahassee to file the 2002 Uniform Business Report (UBR); since she did not have a copy of the original report she asked the attendant for a copy for Benny's of Bristol. Instead, She was innarvently given another corporation Benny's Inc. document # P96000098194. On May 10th, 2002, She received the attached letter claiming that the corporation was administratively dissolved since 1998.

Please, see the enclosed 2002 Uniform business Report and the fee for \$150.00. Since, we took the necessary steps to pay and delivered the report before the due date, we believe all penalties should be waived.

If you have any questions please, do not hesitate to call me.

Sincerely,



William S. Vasquez
Accountant for Benny's of Bristol, Inc.

*Attachment
122726**Call or go*

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State*WFO*

May 10, 2002

BENNY'S INC.
P.O. BOX 1029
BRISTOL, FL 32321SUBJECT: BENNY'S INC.
Ref. Number: P96000098194

We have received your document for BENNY'S INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1998 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 1998 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$1350.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 202A00029773

005290229051 01100021140 000000000000

da 32314

BANK

07/15/02 20:53

TX/RX NO 4022

P. 002

07/15/02 20:53 TX/RX NO.4033 P.003

Attachment

P96000098194
122726

BENNY'S OF BRISTOL, INC.

P.O. BOX 1029
BRISTOL, FL 32321

Date 04/26/01

2000

61-629/622
91

Pay to the Order of Department of state \$ 150.

One hundred fifty dollars Dollars

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Filing Name

Benny's Inc P980000054496
W02000013632

DO NOT WRITE IN THIS SPACE

Attachment

2. Principal Place of Business

3. Mailing Address

PO Box 1029 HWY 12820
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bristol Florida

Zip

32321

Country

U.S.A

4. FCI Number

53-3518426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Benny's OF Bristol Inc

Street Address (P.O. Box Number is Not Acceptable)

PO Box 1029 HWY 12820

City

Bristol

FL

Zip Code

32321

DO NOT WRITE
IN THIS SPACE

8. The filer hereby certifies that this statement is for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(Do not sign for principal place of registered agent and file it separately)

(Do not sign for principal place of registered agent and file it separately)

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

OFFICERS AND DIRECTORS

NAME	BEN HANZA RANA President	TITLE	
STREET ADDRESS	PO Box 1029 Bristol	NAME	
CITY - ST - ZIP	FL 32321	STREET ADDRESS	
NAME	Vice President	CITY - ST - ZIP	
STREET ADDRESS	Ben Hanza Rana	TITLE	
CITY - ST - ZIP	PO Box 1029 Bristol FL	NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		TITLE	
CITY - ST - ZIP		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02 - 850.64344