

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054739

1. Entity Name

BENTEX ASSOCIATES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 016 ***150.00

Principal Place of Business

2711 N.W. 17TH AVENUE
MIAMI FL 33142

Mailing Address

2711 N.W. 17TH AVENUE
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

828 ROYAL STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#500

City & State

City & State

NEW ORLEANS, LA

Zip

Country

Zip

Country

70116

USA

4. FEI Number 65-0845731

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

CROSBY, BENJAMIN F III

7425 WILSON ROAD

WEST PALM BEACH FL 33413

33413

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CROSBY, BENJAMIN F III
STREET ADDRESS 7415 WILSON RD
CITY-ST-ZIP WPB FL ☐ Delete

TITLE STD
NAME PRECHTER, KATE
STREET ADDRESS 505 BROADWAY
CITY-ST-ZIP NEW ORLEANS LA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 Benjamin Crosby 3055387145

CR2E034 (10/00)