

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90026 029 ***150.00

DOCUMENT # P98000054739

1. Entity Name
BENTEX ASSOCIATES, INC.



Principal Place of Business
2711 N.W. 17TH AVENUE
MIAMI FL 33142

Mailing Address
828 ROYAL STREET #500
NEW ORLEANS LA 70116

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 65-0845731

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSBY, BENJAMIN F III 7425 WILSON RD WPB FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/10/03 305 5387145

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80145972

798000054739

BENTEX ASSOCIATES, INC.

2711 N. W. 17th Avenue

Miami, Florida 33142

(305) 538-7145

July 21, 2003

Glenda Hood, Secretary of State

Florida Department of State

P.O. Box 6327

Tallahassee, Florida 32314

Via Certified Mail # 7003 1010 0003-9573-3064

Dear Ms. Hood,

We received the 2003 Uniform Business Report on July 6, 2003 stating that the Filing Fee is now \$550.00. We never received an earlier report for this year.

We should have received a report from earlier in the year with a \$150.00 Filing Fee. We've had trouble in the past with the timely receipt of the Report Form due to incorrect address. We've finally got the address issue resolved and then never received the original Report Form to File at the \$150.00 rate.

We are enclosing a check for \$150.00 along with the report and a copy of this letter for your file.

Thank you,


Benjamin F. Crosby, President
Bentex Associates

Accounting Office: 505 Broadway, New Orleans, Louisiana 70118

Fax / Voice: (504) 864-1942