

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079980

1. Entity Name

BENCHMARK PROPERTY MANAGEMENT, INC.

Principal Place of Business

P.O. BOX 221423
HOLLYWOOD FL 33022

Mailing Address

P.O. BOX 221423
HOLLYWOOD FL 33022

2. Principal Place of Business

944 Lincoln Street

Suite, Apt. #, etc.

3. Mailing Address

944 Lincoln Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

BROWARD

City & State

Hollywood, FL

Zip

33019

Country

BROWARD

4. FEI Number

05-0885018
65-0863475

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, DAVID R
944 LINCOLN STREET
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **D BENJAMIN, DAVID R**
STREET ADDRESS **944 LINCOLN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME **D BRODERICK, MARK**
STREET ADDRESS **944 LINCOLN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Mark Broderick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/01

Daytime Phone #

(954) 929-1139

CR2E034 (10/00)

0489952

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90495 039 ***150.00



DO NOT WRITE IN THIS SPACE