

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90143 027 ***150.00

DOCUMENT # P98000083706

1. Entity Name

THE BENTLEY GROUP, INC.

Principal Place of Business

Mailing Address

~~7411 SILVERWOODS COURT~~
~~BOCA RATON FL 33433~~

~~7411 SILVERWOODS COURT~~
~~BOCA RATON FL 33433~~

2. Principal Place of Business

3. Mailing Address

2240 Woolbright Road

2240 Woolbright Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

Suite 401

City & State

City & State

Boynton Beach, FL

Boynton Beach, FL

Zip

Country

Zip

Country

33426

USA

33426

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0867449

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

VIVONA, LISA
7411 SILVERWOODS COURT
BOCA RATON FL 33433

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, 2000 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 **D** ☐ Delete
NAME **VIVONA, LISA**
STREET ADDRESS ~~**7411 SILVERWOODS COURT**~~
CITY-ST-ZIP ~~**BOCA RATON FL 33433**~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2240 Woolbright Road suite 401**
CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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TITLE
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:

Lisa Vivona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

561-735-7470

Daytime Phone #

CR2E034 (9/99)