## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

SIGNATURE:

P99000012252

1. Entity Name BENWORTH, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90129 026 \*\*\*150.00

						O WE						
Principal Place of Business 730 LINCOLN RD. MIAMI BEACH FL 33139			9131 (	Mailing Address 9131 LAKE PARK CIRCLE N. DAVIE FL 33328								
2. Principal Place of Business				3. Mailing Address				) (041) 186   10 141) 16 16 16 86 17 66 18 68 18 			81416 1491 4401	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			<b>4</b> . F	4. FE! Number 65-0902737 Applied For Not Applicab			<u> </u>	
Zip Country			Zip	Zip Count			5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
-	6. Name	and Address of Curr	ent Registere	d Agent	refore of a		7.÷N	lame and Address of New Regis	tered Ag	ent 🗠		
		·				Name		1				
	RTH, MITCH E Park Cir			Street Address (			(P.O. Box Number is Not Acceptable)					
DAVIE FL	33328											
						City	FL Zip Code				de	
	named entity ions of regist		nt for the purp	ose of changing it	ts registere	ed office or regis	stered ag	ent, or both, in the State of Florida.	I am fan	niliar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered a	agent and title if app	olicable. (NO	TE: Registered	Agent signature requ	uired when re	instating)	DATE			
, Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550 o Florida Departme	.00					Election Campaign Financi     Trust Fund Contribution.	ng 🗆		<b>00</b> May Be ed to Fees	
10.		OFFICERS A	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOF	RS IN 11	
TITLE* NAME STREET ADDRESS CITY-ST-2IP		RTH, MITCHELL E PARK CIR. N 33328							[	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BENDHEIM 9131 LAHE DAVIE FL	E PARK CIR N		□ Delete					С	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Sucres of	a di de a dia dia dia dia dia dia dia dia dia d		- Delete					[	-Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	CITY	ET ADDRESS - ST-ZIP				Change	☐ Addition	
indicated of the cor	l on this repo	rt or eupplemental ren	ort is true and empowered to	accurate and that execute this report	t my signat rt as requi	ure shall have t	he same	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath; da Statutes; and that my name ap	that I am	an office	er or director	