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

## P99000024541 **DOCUMENT #**

1. Entity Name

BENDOR HOLDINGS, INC.



## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90131 042 \*\*\*150.00

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    Name	Applied For Not Applicable
2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANCE  City & State   Status Desired   Stat	Applied For Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  5. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip  City  FL  Zip  City  FL  Zip  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12.  ANAME  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL 33146  Delkie  Delkie  NAME  STREET ADDRESS  CITY-ST-ZIP  AMME  STREET ADDRESS  CITY-ST-ZIP  AMME  AMME  STREET ADDRESS  CITY-ST-ZIP  AMME  AMME  AMME  AMME  CORAL GABLES FL 33146	Applied For Not Applicable
City & State  Country  Country  Country  Country  S. Certificate of Status Desired S8.75 Fee Rec  6. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip  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 vitre obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITHE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  NAME  STREET ADDRESS  CITY-ST-ZIP  Char  Char	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Roc  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    SSA, ELIE	Not Applicable
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    Street Address (P.O. Box Number is Not Acceptable)	
ISSA, ELIE  1421 ALEGRIANO AVE  CORAL GABLES FL 33146  City  FL  Zip  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 victor obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DSP  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	
Street Address (P.O. Box Number is Not Acceptable)	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 t	Addition

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:

Daytime Phone #