

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 021 ***150.00

DOCUMENT # P99000028193

1. Entity Name

BENI'S ORIGINAL BENTO, INC.

Principal Place of Business

Mailing Address

**4432 BEACH DR.S.E.
ST.PETERSBURG FL 33705**

**4432 BEACH DR.S.E.
ST.PETERSBURG FL 33705-4134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 EAST TWIGGS

City & State

TAMPA FLORIDA

Zip
33602

Country

FL

Zip

Country

4. FEI Number

39-3566564

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

**GRIMM, DONALD
4432 BEACH DR.S.E.
ST.PETERSBURG FL 33705**

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 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
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**DONALD GRIMM
4432 BEACH DR
ST. Pete FL 33705**

**CHRISTOPHER MAND
11501 128 AVE N.
LARGO FL 33778**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 2000

Date

Daytime Phone #

**813
222-0335**

CR2E034 19/99