

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P99000061370

1. Entity Name

BENNY SANTIAGO, INC.

R

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-03-2000 90039 023 ***150.00

Principal Place of Business

2532 DORSON WAY
DELRAY BEACH FL 33445

Mailing Address

2532 DORSON WAY
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

65-0934812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLOHN, JAMES A
725 N. AIA STE C 202
JUPITER FL 33477

1001 N. U.S. Hwy One,
#400

Name

Street Address (P.O. Box Number is Not Acceptable)

1001 N. U.S. Hwy One, #400

City

Jupiter

FL

Zip Code

33477

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D-P Benny Santiago, Sr. 2532 Dorson Way Delray Beach, FL 33445 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date

Daytime Phone #

CR2E034 (5/00)

attachment # P99000061370

107762

Law Office

Of

JAMES A. KLOHN, P.A.

Attorney and Counselor at Law

1001 N. US Hwy One #400
Jupiter, Florida 33477

Phone: 561.747.1214
Fax: 561.743.0046

July 11, 2000

TRANSMITTAL LETTER

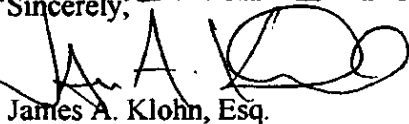
TO: Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Benny Santiago, Inc.
#P99000061370

Dear Div. Of Corp.:

Please find enclosed a check for \$150.00 for the UBR of the above referenced entity. Mr. Santiago has informed me that he never received the mailing of his initial report. I have heard of several complaints that businesses have not received their UBR this year. The above referenced company is requesting that the late fee not be imposed. Please give me a call if you have any questions. Thank You.

Sincerely,



James A. Klohn, Esq.