

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068734

1. Entity Name

BENSON TRANSPORT, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90177 036 ***150.00

Principal Place of Business

15600 N.W. 7TH AVE. #117
MIAMI FL 33169

Mailing Address

15600 N.W. 7TH AVE. #117
MIAMI FL 33169-6225

2. Principal Place of Business

12128 WASHINGTON ST

3. Mailing Address

12128 WASHINGTON ST

Suite, Apt. #, etc.

12128 building 71

Suite, Apt. #, etc.

12128 building 71

City & State

Pembroke Pines

City & State

Pembroke Pines

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

4. FEI Number

650-94-0890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, BENSON

15600 N.W. 7TH AVE. #117
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

JOSEPH, BENSON

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

12128 WASHINGTON ST.

City

PEMBROKE PINES

FL

Zip Code

33025

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

3/29/00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSEPH, BENSON
CITY-ST-ZIP 15600 N.W. 7TH AVE. #117
MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Joseph, BENSON
STREET ADDRESS 12128 WASHINGTON ST.
CITY-ST-ZIP PEMBROKE PINES FL. 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000 305-542-7040

Date

Daytime Phone #

CR2E034 (9/99)