

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093504

1. Entity Name

CLIFFORD BENEZRA LONG TERM CARE PROTECTION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90072 016 ***150.00

Principal Place of Business	Mailing Address
C/O KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN 4000 HOLLYWOOD BLVD., STE. 485 SOUTH HOLLYWOOD FL 33021	C/O KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN 4000 HOLLYWOOD BLVD., STE. 485 SOUTH HOLLYWOOD FL 33021-6786

2. Principal Place of Business	3. Mailing Address
2500 E. Hallandale Beach Blvd. Suite, Apt. #, etc.	2500 E. Hallandale Beach Blvd. Suite, Apt. #, etc.

OR		OR	
City & State	Zip	City & State	Zip
Hallandale, Florida	33009	Hallandale, Florida	33009
Country	USA	Country	USA

4. FEI Number	Applied For
65-0957412	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD FL 33021

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

2/18/00 954-456-2900

Date

Daytime Phone #

CR2E034 (9/99)