

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

DOCUMENT # **57541**

1. Entity Name

**BENRA CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**411 BARBAROSSA AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**411 BARBAROSSA AV.**

Suite, Apt. #, etc.

City & State

**CORAL GABLES, FL.**

City & State

**CORAL GABLES, FL.**

Zip

**33146**

Country

**U.S.A.**

Zip

**33146**

Country

**U.S.A.**

4. FEI Number

**05-0324602**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**CLAUDIO R. RAMOS**

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

**411 BARBAROSSA AV.**

City

**CORAL GABLES**

FL

Zip Code

**33146**

**DO NOT WRITE  
IN THIS SPACE**

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)

☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**DP  
RAMOS, DOLORES BENET  
411 BARBAROSSA AV.  
CORAL GABLES, FL. 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
RAMOS, CLAUDIO  
411 BARBAROSSA AV.  
CORAL GABLES, FL. 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOLORES BENET RAMOS 6/21/02 305-667-4658**

Date

Daytime Phone #

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90327 001 \*\*\*150.00

07-01-2002 90327 002 \*\*\*\*\*8.75

**40517**

DO NOT WRITE IN THIS SPACE

Attachment

40517

#575141

Ms. Dolores Benet Ramos  
411 Barbarossa Av.  
Coral Gables, FL 33146

June 21, 2002

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

Dear Sir:

I am enclosing the 2002 Uniform Business Report for **Benra Corp.** and for **Benet Ramos Architects**. Although the mailing address has not changed I did not receive the forms for the 2002 report. Please note that I am also enclosing checks of \$150.00, for the Business Report, and of \$8.75, for the Certificate of Status.

If you have any questions, please call me at 305-667-6658. Thank you.

Sincerely,

  
Dolores Benet Ramos