## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

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

07-01-2002 90327 001 \*\*\*150.00 07-01-2002 90327 002 \*\*\*\*\*8.75

10517

DOCUMENT # \$7541

1. Entity Name

SIGNATURE:

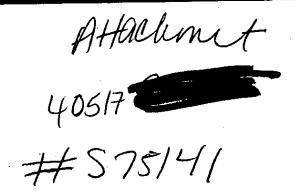
BENRA WOPP.

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2. Principal Pl	<i>10</i> 65.4	W										
Suite, Apt.	#, etc.	SA AVE.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	GABLE	5 FL	CORM GABLES, FL.			4	4. FEI Number Applied For Not Applied For Not Applicable					Applied For Not Applicable
33H4 Couplry A.			Zip 33H6 Country U.S.A.				Certificate of Status Desired     \$8.75 Additional Fee Required					
· · · ·		er e <del>e e e</del> e e		:	Name	7.	Name	and Addre	O ALZ	nt Registered	Agent	<del>  </del>
	نجر حيجة	Street Address (P.O. Box Number is Not Acceptable)										
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** ±		, , , , , , , , , , , , , , , , , , ,		,	City	2M	4-12 1-20	BIPS	5	FL	Zac	3146
8. The above	named entity subr	nits this statement for	the purpose of changing its	register	ed office or	registered	agent	or both, in	the State of	Florida.		7.1.7
•											•	}
SIGNATURE .	Signature, typest or printe	ed mame of registered agent an	d ade if applicable. (NOI	E: Register	d Agent signatu	re required wh	en reinsta	ting)		DATE		
Tax filing r	oration is eligible to requirement and el ria on back)	satisfy its Intangible lects to do so.		1, Fee	s \$550.00 s \$61.25		1		n Campaign und Contribu			5.00 May Be ded to Fees
11.		OFFICERS AND E	RECTORS								. —	· .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMOS 411 DA	COLORE RBAROSE GABLES	S BENET A AV. FL 33140			-		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMOS 411 BAI	CLAUDIC RBAROGS GABLES	DA AV. FL. 33146	TITL NAM STR			•		· •			`
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TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE NAME STREET ADDRESS					-			:	• .			2
13. I hereby a indicated of the column	certify that the info f on this report or s rporation or the re ant with an address	rmation supplied with a supplemental report is ceiver or trustee emports, with all other like emp	his filing does not quality for true and accurate and that twered to execute this repropered.			ed in Secti ave the sar napter 607,	ion 119 me leg Florida	.07(3)(i), Fl el effect as el Statutes;	orida Statute if made undi and that my	s. I further cer er oath; that I a name appear	tify that them an off is in Bloc.	ne information icer or director < 11 or on an

DOLOPES BENET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. . . . .



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