

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70969

1. Entity Name

BEN-JOSEPH CORP.

Principal Place of Business

Mailing Address

2619 N 40 AVE.  
HOLLYWOOD FL 33021  
US

2619 N 40 AVE.  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0365158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEN-JOSEPH, AVRAHAM  
8655 SW 57 PLACE  
COOPER CITY FL 33328

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 re-registering)

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, 2001, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BEN-JOSEPH, RAFAEL  
8655 SW 57 PL  
COPPER CITY FL 33328 ☐ Delete

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

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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 Block 12; 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

Deputy Secretary

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

07-13-2001 90007 031 \*\*\*150.00

00073420



DO NOT WRITE IN THIS SPACE

3-15-01

954 9815104

Attachment  
Doc# V70969  
C0073420

**BEN-JOSEPH CORP**

2619 N 40 AVE  
HOLLYWOOD, FL 33021

7/10/2001

**ATT: FL DPT OF STATE/ DIVISION OF CORPORATION**

**RE: 2001 UNIFORM BUSINESS REPORT.**

**TO WHOM IT MAY CONCERN:**

We received a notice that you have not received the 2001 report. The report was sent to you on 3/15/01 with check #0423 for the amount of \$150. Once I received your notice I checked with my bank and was confirmed that the original check was never cashed. The only explanation I have is that the original report was lost or misplaced on the way to you. If you check your record you will see that we are never late with the yearly filing. Enclosed is a replacement check for \$150. Please call me at (954)458-6550 for any questions.

I enclose a copy of the original report so it can be filed the correct way.

Thank you

Rafael Ben-Joseph / president

