

FILED  
May 24, 2000 8:00 am  
Secretary of State

04-26-2000 90039 049 \*\*\*\*61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004021 (U)

1. Entry Name  
PA BENE FOUNDATION INC.

Principal Place of Business  
151 Crandon Blvd.,  
Apartment 525  
Key Biscayne, FL  
33149

Mailing Address  
c/o Norman J. Benford  
Greenberg Traurig PA  
1221 Brickell Avenue  
Miami, FL 33131

2. Principal Place of Business  
151 Crandon Blvd.,

3. Mailing Address  
151 Crandon Blvd

Suite, Apt. #, etc.  
525

Suite, Apt. #, etc.  
525

City & State  
Key Biscayne, FL

City & State  
Key Biscayne, FL

4. FEI Number  
65-0523860

Applied For  
Not Applicable

Zip  
33149

Country  
Miami-Dade

Zip  
33149

Country  
Miami-Dade

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Norman J. Benford  
Greenberg Traurig PA  
1221 Brickell Avenue  
Miami, FL 33131

7. Name and Address of New Registered Agent

Ms JOCELYN WATKINS  
Street Address (P.O. Box Number is Not Acceptable)  
151 CRANDON BLVD, APT. 525  
KEY BISCAZYNE  
FL Zip Code 33149

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

*Joely Watkins*  
Signature of principal name of registered agent and title if applicable.

VP, Treasurer

May 20, 2000  
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

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  
DPS  
WATKINS, JOHN M.  
151 CRANDON BLVD., #525  
KEY BISCAZYNE, FL 33149  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
WATKINS JOCELYN H.K.  
151 CRANDON BLVD., #525  
KEY BISCAZYNE, FL 33149  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ROSSMAN, STEPHEN  
44 WEST FLAGLER ST.  
MIAMI, FL 33130  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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 reports 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:

*Joely Watkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000  
Date

Daytime Phone #



304184

DO NOT WRITE IN THIS SPACE

CR2E004 (9/98)