

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90241 030 \*\*\*150.00

DOCUMENT # **J82855**

1. Entity Name

**BONA, INC.**

Principal Place of Business

Mailing Address

2021 NE 24TH STREET  
 LIGHTHOUSE POINT FL 33604  
 US

2021 NE 24TH STREET  
 LIGHTHOUSE POINT FL 33064-7762  
 US

AUUU8321



DO NOT WRITE IN THIS SPACE

2021 NE 24 ST.

2021 NE 24 ST.

2. Principal Place of Business

3. Mailing Address

Light House Point  
 Suite/Apt. #, etc.

Light House Point  
 Suite, Apt. #, etc.

City & State  
**Florida**

City & State  
**Florida**

4. FEI Number  
**59-2829224**

Applied For  
 Not Applicable

Zip  
**33064** Country  
**Broward**

Zip  
**33064** Country  
**Broward**

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

**SYLVESTER, VITO J**  
**2021 NE 24TH STREET**  
**LIGHTHOUSE POINT FL 33064-7762**

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 *Vito J. Sylvester pres.*

(NOTE: Registered Agent signature required when reinstating) **JAN. 14 - 00**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SYLVESTER, VITO J.</b> <b>2021 NE 24TH STREET</b> <b>LIGHTHOUSE POINT FL 33064-7762</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>SYLVESTER, VIRGINIA</b> <b>2021 NE 24TH STREET</b> <b>LIGHTHOUSE POINT FL 33064-7762</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Vito J. Sylvester PRES* **VITO J. SYLVESTER** **JAN. 14 - 00** **954 283-8072**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)