

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000079094

1. Entity Name

BONDING INVESTMENT GROUP INC.

Principal Place of Business

1575 N.W. 14TH STREET
MIAMI FL 33125

Mailing Address

1575 N.W. 14TH STREET
MIAMI FL 33125

2. Principal Place of Business

1000 N.W. 14th Street
Suite, Apt. #, etc.

3. Mailing Address

1000 N.W. 14th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

Zip
33136-2105

Country

City & State
Miami, Florida

Zip
33136-2105

Country

4. FEI Number

05-1033507

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABISCH, RUSSELL M
1575 N.W. 14TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

1000 NW 14th St.

City

Miami

FL

Zip Code

33136

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)

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.D. Charles Faibisch
STREET ADDRESS	1000 N.W. 14th Street
CITY-ST-ZIP	Miami Florida 33136
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, P Russell M. Faibisch
STREET ADDRESS	1000 NW 14th St
CITY-ST-ZIP	Miami FL 33136
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Russel C Faibisch
STREET ADDRESS	1000 NW 14th St
CITY-ST-ZIP	Miami FL 33136
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

305-381-7043

Daytime Phone #

CR2E034 (10/00)