FILED

2002 Uniform Business Report (UBR)

Apr 07, $2\overline{002}$ 8:00 am P01000054978 DOCUMENT # Secretary of State 1. Entity Name BONUS TECH, INC. 04-07-2002 90074 037 ***158.75 Principal Place of Business Mailing Address 511 NIGHTINGALE AVE 511 NIGHTINGALE AVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address 7319 NW 46TH STREET PO BOX 669205 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-1127155 X Not Applicable MIAMI FIORIDA MIAMI FLORIDA Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required MTAMT_DADE 33166 6. Name and Address of Current Registered Agent MIAMI_DADE 33166 7. Name and Address of New Registered Agent Name KUHN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 511 NIGHTINGALE AVE MIAMI SPRINGS FL 33166 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE KUHN, JEFFREY NAME NAME 511 NIGHTINGALE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME PEREIRA, VLADIMIR V NAME 9424 SW 151 COURT STREET ADDRESS STREET ADDRESS 511 NIGHTINGALE AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 MIAMI, FL 33196 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME ė, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7JP 13. I hereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE:

changed, or on an attachment with/an address,

VLADIMIR PEREIRA

03/27/02

305-436-5845