

02-17-2003 90194 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000015274

1. Entity Name

BONDER ENTERPRISE, INC.



90029003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4811 POMPANO RD

3. Mailing Address
 4811 POMPANO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 VENICE FL

City & State
 VENICE

4. FEI Number 90-0009357

Applied For
 Not Applicable

Zip
 34293

Country
 US

Zip
 34293

Country
 US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ZBIGNIEW MICHALOWSKI

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

4811 POMPANO RD

City VENICE

FL

Zip Code
 34293

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

2.04.02

Signature based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME P ZBIGNIEW MICHALOWSKI
 STREET ADDRESS 4811 POMPANO RD
 CITY- ST- ZIP VENICE FL 34293

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE
 NAME S ALINA MICHALOWSKI
 STREET ADDRESS 4811 POMPANO RD
 CITY- ST- ZIP VENICE FL 34293

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 CITY- ST- ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report 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 10 or on an attachment with an address, with all other like employees.

SIGNATURE:

02-04-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)