

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90153 014 ***150.00

DOCUMENT # P02000061090

1. Entity Name
BONUS AEROSPACE, INC.



Principal Place of Business
7319 NW 46 STREET
MIAMI FL 33166

Mailing Address
P.O. BOX 669205
MIAMI FL 33166



2. Principal Place of Business
7315 NW 44 St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL 33015
Zip **Country**

City & State
Zip **Country**

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

KUHN, JEFFREY
511 NIGHTINGALE AVE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

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

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUHN, JEFFREY 511 NIGHTINGALE AVE MIAMI SPRINGS FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, VLADIMIR V 9424 SW 151 COURT MIAMI FL 33196	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLON, ERNESTO 9990 SW 77 AVE MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kuhn, Jeffrey 511 Nightingale Ave Miami Springs, FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03 (305) 434-5845
Date **Daytime Phone #**

CR2E034 (10/02)

Attachment #

80070737

PO 2000061090

Form **SS-4****Application for Employer Identification Number**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Bonus Aerospace Inc		
	2 Trade name of business (if different from name on line 1) -		3 Executor, trustee, "care of" name Jeffrey R. Kuhn
	4a Mailing address (room, apt., suite no. and street, or P.O. box) PO BOX 169205		5a Street address (if different) (Do not enter a P.O. box.) 7315 NW 44 Street
	4b City, state, and ZIP code Miami, FL 33166		5b City, state, and ZIP code Miami, FL 33166
	6 County and state where principal business is located Dade, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor Jeffrey R. Kuhn		7b SSN, ITIN, or EIN 262-61-9072
8a Type of entity (check only one box) ☐ Sole proprietor (SSN) _____ ☐ Partnership _____ ☒ Corporation (enter form number to be filed) ▶ _____ ☐ Personal service corp. _____ ☐ Church or church-controlled organization _____ ☐ Other nonprofit organization (specify) ▶ _____ ☐ Other (specify) ▶ _____ ☐ Estate (SSN of decedent) _____ ☐ Plan administrator (SSN) _____ ☐ Trust (SSN of grantor) _____ ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____			
9 Reason for applying (check only one box) ☒ Started new business (specify type) ▶ _____ ☐ Banking purpose (specify purpose) ▶ _____ ☐ Hired employees (Check the box and see line 12.) ☐ Changed type of organization (specify new type) ▶ _____ ☐ Compliance with IRS withholding regulations ☐ Purchased going business ☐ Other (specify) ▶ _____ ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 10/1/02		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶			Agricultural _____ Household _____ Other _____
14 Check one box that best describes the principal activity of your business. ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) repair services ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Services provided			
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name _____ Address and ZIP code _____	Designee's telephone number (include area code) () _____ Designee's fax number (include area code) () _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Jeffrey R. Kuhn	Applicant's telephone number (include area code) (305) 436-5845
Signature ▶ <i>[Signature]</i>	Applicant's fax number (include area code) (786) 845-6985
Date ▶ 3/24/03	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)mailed
3/24/03