

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90118 014 ***550.00

DOCUMENT # F31647

1. Entity Name
BONNIE BLINDS, INC.

Principal Place of Business

7768 NW 71 ST
MIAMI FL 33166
US

Mailing Address

7768 NW 71ST
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2081402

Applied For

Not Applicable

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

VINO, FRANK M
7760 NW 71ST ST
MIAMI FL 33166

Name
SERGIO DA CAPRICE

Street Address (P.O. Box Number is Not Acceptable)
7768 NW 71 ST

City
MIAMI FL

FL

Zip Code
33166

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 *Sergio da Caprice*

(NOTE: Registered Agent signature required when reinstating)

DATE

09/03/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

D
VINO, FRANK M
7768 NW 71ST ST
MIAMI FL 33166

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SERGIO DA CAPRICE
7768 N-W 71ST
MIAMI FL 33166

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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: *Sergio da Caprice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/02 (305) 591-278

Day

Daytime Phone #

CR2E034 (4/02)