

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90003 012 ***150.00

DOCUMENT # **G 29771**
 1. Entity Name
BONINCO CORPORATION

Principal Place of Business Mailing Address
3326 EST ATLANTA BL **SAME.**
POMPANO BCH.
FLORIDA - 33064.

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 **59-2290479** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent
LOGNOS MONIQUE
3590 BLUE LAKE DR. A.505
POMPANO BCH.
FLORIDA 33064

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.

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PRESIDENT <input type="checkbox"/> Delete LOGNOS MONIQUE 3590 BLUE LAKE DR. A.505 POMPANO BCH. FLA. 33064. SECRET. BRISACIER CAROLINE MARIE 379 NW. 38TH WAY DEERFIELD BCH. FLORIDA.	<input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
		CITY-ST-ZIP	
SECRET. BRISACIER CAROLINE MARIE 379 NW. 38TH WAY DEERFIELD BCH. FLORIDA.	<input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
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		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
		CITY-ST-ZIP	

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: **LOGNOS MONIQUE President** 4/25/00 - 9549415014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)