FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G56750

1. Entity Name

Bonita Loves, Inc

FILED
12 MAY 15 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500234247865
05/01/12--01017--020 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1586 Lenanthem Dr Suite, Apt. #, etc.	1586 Lenanthem Dr Suite, Apt. #, etc.
City & State: Wellington Fla Zip: 33414 Country: Palm Beach	City & State: Wellington Fl. Zip: 33414 Country: Palm Beach

4. FEI Number: 592325132 ☐ Applied For ☐ Not Applicable

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: Jesus M. Perales

Street Address (P.O. Box Number is Not Acceptable): 1586 Lenanthem Dr

City: Wellington FL Zip Code: 33414

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: _____ 04-26-2012
Signature required when applicable (NOTE: Registered Agent signature required when reinstating) 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	President
NAME	Jesus M. Perales
STREET ADDRESS	1586 Lenanthem Dr
CITY-ST-ZIP	Wellington Fl 33414
TITLE	Vice-President
NAME	Maria A. Perales
STREET ADDRESS	1586 Lenanthem Dr
CITY-ST-ZIP	Wellington Fl 33414
TITLE	Secretary
NAME	Jesus M. Perales
STREET ADDRESS	1586 Lenanthem Dr
CITY-ST-ZIP	Wellington Fl. 33414
TITLE	Treasurer
NAME	Maria G. Perales
STREET ADDRESS	1586 Lenanthem Dr
CITY-ST-ZIP	Wellington Fl. 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MAY 15 2012
TITLE	
NAME	T. SCOTT
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jesus M. Perales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date