

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # J58877**1. Entity Name
BONFRA CORPORATION

Principal Place of Business

318 NEWMAN RD.

SEBRING
33870

FL

US

Mailing Address

318 NEWMAN RD.

SEBRING
33870

FL

US

2. Principal Place of Business

3. Mailing Address

318 NEWMAN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING

FL

Zip

Country

Zip

Country

33876

US

4. FEI Number

59-2779069

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSTEIN, FRANK S.
318 NEWMAN ROADSEBRING
33870

FL

US

7. Name and Address of New Registered Agent

Name

BRONSTEIN, FRANK S.

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

318 NEWMAN ROAD

City
SEBRING

FL

Zip Code
33876

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 _____ **04/17/2001**

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.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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

TITLE DS ☐ Delete
NAME **BRONSTEIN BONNIE**
STREET ADDRESS **318 NEWMAN RD.**
CITY-ST-ZIP **SEBRING FL**TITLE DS ☒ Change ☐ Addition
NAME **BRONSTEIN BONNIE**
STREET ADDRESS **318 NEWMAN RD.**
CITY-ST-ZIP **SEBRING FL 33876**TITLE DP ☐ Delete
NAME **BRONSTEIN FRANK**
STREET ADDRESS **318 NEWMAN RD.**
CITY-ST-ZIP **SEBRING FL**TITLE DP ☒ Change ☐ Addition
NAME **BRONSTEIN FRANK**
STREET ADDRESS **318 NEWMAN RD.**
CITY-ST-ZIP **SEBRING FL 33876**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Frank S Bronstein

Pres

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)