

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K14382**

1. Entity Name

BONIGOR U.S.A. COMPANY

Principal Place of Business

Mailing Address

~~9582 NW 41ST STREET
MIAMI FL 33178
US~~

~~2750 HACKNEY ROAD
WESTON FL 33331
US~~

2. Principal Place of Business

3. Mailing Address

10200 NW 25 ST

10200 NW 25 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

202

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33172 USA

33172 USA

4. FEI Number

65-0029368

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICCOBON, GUSTAVO F
2750 HACKNEY ROAD
WESTON FL 33331**

Name **GUSTAVO RICCOBON**

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

**10200 NW 25 ST
SUITE 202**

City **MIAMI**

FL

Zip Code **33172**

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICCOBON, GUSTAVO F 2750 HACKNEY ROAD WESTON FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICCOBON GUSTAVO F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10200 NW 25 ST SUITE 202 MIAMI FL-33172 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

305-470-7243

Daytime Phone #

CR2E034 (9/01)

0342015 AV

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

04-11-2002 90041 007 ***158.75



DO NOT WRITE IN THIS SPACE