200[illegible] UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90176 017 ***158.75

DOCUMENT # K14382
Entity Name
BONIGOR U.S.A. COMPANY

Principal Place of Business	Mailing Address
[illegible] NW 41ST STREET MIAMI, FL 33178 US	2750 HACKNEY ROAD WESTON, FL 33331 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10200 NW 25 ST	10200 NW 25 ST
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: 202
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: USA	Zip: 33172 Country: 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

RICCOBON, GUSTAVO F
2750 HACKNEY ROAD
WESTON FL 33331

7. Name and Address of New Registered Agent

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: _____ DATE: 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	☐ Delete	RICCOBON GUSTAVO 10200 NW 25 ST SUITE 202 MIAMI FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 4-17-03 305-470-7243
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #
GUSTAVO F RICCOBON