

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K14382**

Entity Name
BONGIOR U.S.A. COMPANY

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 017 ***158.75

Principal Place of Business
~~8662 NW 41ST STREET~~
~~MIAMI FL 33179~~
~~US~~

Mailing Address
~~2750 HACKNEY ROAD~~
~~WESTON FL 33331~~
~~US~~

1. Principal Place of Business
10200 NW 25th
Suite, Apt. #, etc.
202
City & State
MIAMI FL
Zip
33172 Country
USA

2. Mailing Address
10200 NW 25th
Suite, Apt. #, etc.
202
City & State
MIAMI FL
Zip
33172 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0029368** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent
RICOBON, GUSTAVO F
2750 HACKNEY ROAD
WESTON FL 33331

7. Name and Address of New Registered Agent
Name **GUSTAVO RICOBON**
Street Address (P.O. Box Number is Not Acceptable)
10200 NW 25th
SUITE 202
City **MIAMI** FL Zip Code **33172**

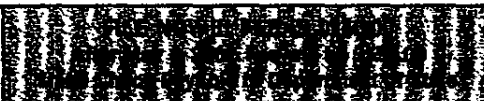
I, The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **4-17-03**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when not stating)

DATE

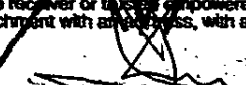
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐



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	☐ Delete	TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	PD RICOBON, GUSTAVO F		STREET ADDRESS	10200 NW 25th SUITE 202	
CITY-ST-ZIP	WESTON FL 33331		CITY-ST-ZIP	MIAMI FL- 33172	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 liquidator 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:  **GUSTAVO F. RICOBON**

DATE **4-17-03** TELEPHONE **305-410-7243**