

001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90001 033 ***150.00

0274143

DOCUMENT # K49043

Entity Name

R BUONOMO ENTERPRISES, INC.

Principal Place of Business

5722 SOUTH FLAMINGO ROAD**COOPER CITY FL 33330**

Mailing Address

5722 SOUTH FLAMINGO ROAD**STE 312****COOPER CITY FL 33330****US**

Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

65-0084699

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUONOMO, ROSE**5722 SOUTH FLAMINGO ROAD****#312****COOPER CITY FL 33330**

Name

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

City

FL

Zip Code

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, 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	PD	<input type="checkbox"/> Delete
NAME	BUONOMO, CHRISTOPHER	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD # 312	
CITY-ST-ZIP	COOPER CITY FL 33330	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BUONOMO, ROSE	
STREET ADDRESS	10929 NASHVILLE DR.	
CITY-ST-ZIP	COOPER CITY FL 33330	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)