

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90042 012 ***158.75

DOCUMENT # K86616

1. Entity Name
BONETTI TRADING INC.

Principal Place of Business
**2210 NE 48TH CT
LIGHTHOUSE POINT FL 33064-7924
US**

Mailing Address
**2210 NE 48TH CT
LIGHTHOUSE POINT FL 33064-7924
US**

2. Principal Place of Business
**3032 E. COMMERCIAL BLVD.
Suite, Apt. #, etc.
B2**

3. Mailing Address
**3032 E. COMMERCIAL BLVD.
Suite, Apt. #, etc.
B2**

City & State
FORT LAUDERDALE, FL
Zip
33308
Country
USA

City & State
FORT LAUDERDALE, FL
Zip
33308
Country
USA

4. FEI Number **65-0114811**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVESTRE, JOAO J
2210 NE 48TH CT.
LIGHTHOUSE PT. FL 33064**

7. Name and Address of New Registered Agent

Name **SILVESTRE, JOAO J.**

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

3032 E. COMMERCIAL BLVD. # B2

City **FORT LAUDERDALE FL** Zip Code **33308**

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 **Joao J. Silvestre**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-01

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

TITLE **P** ☐ Delete
NAME **SILVESTRE, JOAO J.**
STREET ADDRESS **2220 N.E. 48TH COURT**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **S** ☐ Delete
NAME **SILVESTRE, JOAO**
STREET ADDRESS **2220 N.E. 48TH COURT**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **TD** ☐ Delete
NAME **SILVESTRE, PAULO JOSE**
STREET ADDRESS **2220 N.E. 48TH COURT**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SILVESTRE, JOAO J.**
STREET ADDRESS **3032 E. COMMERCIAL BLVD. # B2**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **S** ☒ Change ☐ Addition
NAME **SILVESTRE, JOAO J.**
STREET ADDRESS **3032 E. COMMERCIAL BLVD. # B2**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **TD** ☒ Change ☐ Addition
NAME **SILVESTRE, PAULO JOSE**
STREET ADDRESS **3032 E. COMMERCIAL BLVD. # B2**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: **Joao J. Silvestre**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

DATE

(954) 328-4008

DAYTIME PHONE #

CR2E034 (10/00)

0492766