

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90098 030 ****50.00

DOCUMENT # L02000028056

1. Entity Name

BONIVENTURE HOLDINGS, LLC



Principal Place of Business

Mailing Address

**20801 BISCAYNE BOULEVARD STE. 505
AVENTURA FL 33180**

**20801 BISCAYNE BOULEVARD STE. 505
AVENTURA FL 33180**

90157053



2. Principal Place of Business

3. Mailing Address

18901 NE 29 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Aventura FL

Zip

Country

Zip

Country

33180 Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0749416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BOULEVARD STE. 505
AVENTURA FL 33180**

Name
Dade County Corporate Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
18901 NE 29 Avenue
Suite 100
City
Aventura FL Zip Code
33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERLOW, JEFFREY M 20801 BISCAYNE BOULEVARD STE. 505 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Jeffrey M. Perlow 18901 NE 29 Avenue #100 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/11/03

305-533-2000

Date

Daytime Phone #

CR2E083 (4/03)