

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88184

1. Entity Name  
**BONBERN, INC.**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90059 023 \*\*\*150.00

Principal Place of Business  
**12000 BISCAYNE BLVD.  
#810  
MIAMI FL 33181**

Mailing Address  
**12000 BISCAYNE BLVD.  
#810  
MIAMI FL 33181**

2. Principal Place of Business  
**501 Beech Mountain Parkway**  
Suite, Apt. #, etc.

3. Mailing Address  
**501 Beech Mountain Parkway**  
Suite, Apt. #, etc.

City & State  
**Banner Elk, NC**

City & State  
**Banner Elk, NC**

4. FEI Number **65-0220066**

Applied For  
Not Applicable

Zip Country  
**28604 USA**

Zip Country  
**28604 USA**

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

## 6. Name and Address of Current Registered Agent

**BERNSTEIN, JEROME  
12000 BISCAYNE BLVD.  
#810  
MIAMI FL 33181**

## 7. Name and Address of New Registered Agent

Name **Paul A. Capua**  
Street Address (P.O. Box Number is Not Acceptable)  
**Lorenzo & Capua, P.A., Courthouse Plaza**  
**28 West Flagler Street, 11th Floor**  
City **Miami** FL Zip Code **33130**

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

SIGNATURE **Paul A. Capua**

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

TITLE ☒ Delete  
NAME **P BERNSTEIN, JEROME**  
STREET ADDRESS **12000 BISCAYNE BLVD. #810**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☒ Delete  
NAME **ST BERNSTEIN, BONNIE**  
STREET ADDRESS **12000 BISCAYNE BLVD. #810**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
NAME **William F. Pfohl**  
STREET ADDRESS **501 Beech Mountain Parkway**  
CITY-ST-ZIP **Banner Elk, NC 28604**

TITLE ☒ Change ☐ Addition  
NAME **Marjorie N. Pfohl**  
STREET ADDRESS **501 Beech Mountain Parkway**  
CITY-ST-ZIP **Banner Elk, NC 28604**

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

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: **William F. Pfohl**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

828/387-4838

Daytime Phone #

CR2E034 (10/00)