

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001334 AF

DOCUMENT # L99000005019

1. Entity Name
BON FRITES, L.C.

00 APR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3042 WEST NEW HAVEN AVENUE
W. MELBOURNE FL 32904

Mailing Address
3042 WEST NEW HAVEN AVENUE
W. MELBOURNE FL 32904-3566



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3594519

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MNW

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, JAMES M'ESQ
1688 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HEEMSKERK, INC.
2491 CORAL RIDGE CIRCLE
MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700003238977--0
-05/04/00--01010--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FLOWERS GALORE, INC.
800 KERRY DOWNS CIRCLE
MELBOURNE FL 32940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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 ARIE DE GRAS

4.18.00

321-253-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(666) 3803250