

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47834

1. Entity Name

BON BERGER, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90168 013 \*\*\*\*75.00

Principal Place of Business  
140 NE 56TH COURT  
FT LAUDERDALE FL 33334  
US

Mailing Address  
140 NE 56TH COURT  
FT LAUDERDALE FL 33334-1720  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
140 NE 56th Ct  
Suite, Apt. #, etc.

3. Mailing Address  
140 NE 56th Court  
Suite, Apt. #, etc.

City & State  
Fort Land, FL

City & State  
Fort Land, FL

Zip  
33334

Country  
USA

Zip  
33334

Country  
USA

4. FEI Number  
65-0326385

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
DONJOIE, JOCELYN E  
140 N.E. 56 COURT  
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent  
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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DONJOIE, JOCELYN E	
STREET ADDRESS	3613 SW 14TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOLMAR, MONTCLAIR	
STREET ADDRESS	242 NW 43RD CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, WANDA	
STREET ADDRESS	3604 SW 13TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELYN E. DONJOIE 4-23-2000