2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State **DOCUMENT # N47834** 1. Entity Name 05-05-2003 90202 005 ****75.00 BON BERGER, INC. Principal Place of Business Mailing Address <u>^ ~ T O O O Ã O</u> NE 56 CT 140 NE 56TH COURT FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0326385 Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONJOIE, JOCELYN E Street Address (P.O. Box Number is Not Acceptable) 140 N.E. 56 COURT - - - -FT LAUDERDALE FL 33334 ~ City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change ☐ Addition Delete DONJOIE, JOCELYN E NAME NAME 3613 SW 14TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE JOSEPH, MARGARETT NAME NAME STREET ADDRESS **5940 NE 1ST AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Delete TITLE TITLE ☐ Change ☐ Addition JEAN, WANDA NAME NAME STREET ADDRESS 3604 SW 13TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE -☐ Addition TITLE - Delete - Change - 50 . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 eath; 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 with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Eocelyn E. Donsoie 5/2/2003