2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000042749 1. Entity Name 05-17-2001 90396 019 ***150.00 BONA TRANS USA INC. Principal Place of Business Mailing Address 19321 C US HWY 19 N. SUITE 601 19321 C US HWY 19 N. SUITE 601 **5007000** CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3641796 Not Applicable Zip 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 GAWRON, MARY Street Address (P.O. Box Number is Not Acceptable) 19321 C US HWY 19 N, SUITE 601 **CLEARWATER FL 33764** Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Delete OBSZANSKI, ZENON NAME NAME STREET ADDRESS 19321 C US HWY 19 N, SUITE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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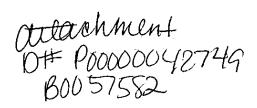
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 10 2001

May 10th, 2001



UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE FL 32314

> RE: Bona Trans USA, *Inc.* File # P00000042749

Dear Madam, Sir,

Along with this letter we are sending the 2001 Uniform Business Report (UBR) for Bona Trans USA, Inc.

We apologize for the delay in filing the form. We thought that we had until 15th of May to pay this fee.

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We ask that, you accept this form together with the check for the amount of \$150.00 and respectfully request, that you wave any penalties.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,

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Zenon Obszanski President