2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90226 031 ***150.00

DOCUMENT # P00000051608

659870

1. Entity Name
BONNIE BLAIRE, P.A.

Principal Place of Business
2801 Ponce de leon Blvd #550
Coral Gables, FL. 33134

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2801 Ponce de leon Blvd	same
Suite Apt. #, etc.: Suite 550	Suite, Apt. #, etc.: same
City & State: Coral Gables, FL.	City & State: same
Zip: 33134 Country: U.S.	Zip: same Country: same

4. FEI Number: 65-1004847 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Susan J. Cole
2801 Ponce de leon Blvd #550
Coral Gables, FL. 33134

7. Name and Address of New Registered Agent

Name: Bonnie Blaire
Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce de leon Blvd #550
City: Coral Gables FL Zip Code: 33134

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: Bonnie Blaire 4/30/01
(Signature of new registered agent, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Bonnie Blaire 2801 Ponce de leon Blvd #550 Coral Gables, FL. 33134	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Bonnie Blaire 4/30/01 305-444-2400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED
Bonnie Blaire

APR 30 2001 13:06 305 541 3770 TOTAL P.02 PAGE.02

CR2E031(05/11)