

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90073 015 ***150.00

DOCUMENT # P00000061888

1. Entity Name

BON BON BIKINIS, INC.

Principal Place of Business

Mailing Address

**2400 S.W. 27TH AVENUE
SUITE D
MIAMI FL 33145****2400 S.W. 27TH AVENUE
SUITE D
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

330 SW 27TH AVE**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

City & State

City & State

Miami, Fl.

Zip

Country

Zip

Country

33135**USA**

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAEZ, JOSE A S
2400 S.W. 27TH AVENUE
SUITE D
MIAMI FL 33145**

Name

Maritza Alvarez, Esq.

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

330 SW 27th Ave, Suite 402

City

Miami**FL**Zip Code
33135

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

Maritza Alvarez**04/26/01**

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Jose Baez 1996 SW 17th Ct Miami, Fl. 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/ Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Maritza Alvarez 330 SW 27th Ave Suite 402 Miami, Fl. 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maritza Alvarez**4/26/01**

Date

305-643-1504

Daytime Phone #

CR2E034 (10/00)