

ELY R ACOSTA
MAY-21-2003 08:02 AM
ELY R ACOSTA

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P.1

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000035530

1. Entity Name:
BONAR INC.

DO NOT WRITE IN THIS SPACE

2. Principal Office Address
1087 Crystal Bowl Cir
3. Mailing Address
1087 Crystal Bowl Cir

City & State
Casselberry, FL
Zip
32707

City & State
Casselberry, FL
Zip
32707

4. FEI Number
65-1039482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ 88.78 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Ely R. Acosta

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

5939 Edgefield Lane

City Orlando

FL 32822

**DO NOT WRITE
IN THIS SPACE**

8. The undersigned hereby certifies the 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 provisions of registered agents.

SIGNATURE *Ely R. Acosta*

ELY R. ACOSTA

5-15-2003

9. January 1 - May 1: Fee is \$100.00

After May 1, Fee is \$500.00

Annual UBR is \$61.00

Make Check Payable to Florida Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$25.00 may be
added to Fee

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD- Botero, Aura N.
1087 Crystal Bowl Cir
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3/18/03 01055 003 - 780

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD- Obando, Dario
1087 Crystal Bowl Cir
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD- Botero, Jorge A.
1087 Crystal Bowl Cir
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD- Botero, Luis F.
1087 Crystal Bowl Cir
Casselberry, FL 32707

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information is based on the report or supplemental report to 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 resident of the state; and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 10 or on an attached schedule, if applicable.

SIGNATURE:

5-20-03

(321) 277-1733

Ely - (407) 227-3442