

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90994 018 ***150.00

DOCUMENT # P00000099726

1. Entity Name
BONSAI INVESTMENTS, INC.



Principal Place of Business
**24 SO. EXUMA RD
KEY LARGO FL 33037**

Mailing Address
**24 SO. EXUMA RD
KEY LARGO FL 33037**



2. Principal Place of Business

4322 Chiquita Blvd

3. Mailing Address

4322 Chiquita Blvd

Suite, Apt. #, etc.

Cape Coral FL

Suite, Apt. #, etc.

Cape Coral FL

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1049573**

Applied For

Not Applicable

Zip
33914

Country
USA

Zip
33914

Country
USA

5. 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

**RAYES, ZONIA C
24 SO. EXUMA RD
KEY LARGO FL 33037**

Name

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

4322 Chiquita Blvd

Cape Coral FL 33914

City

FL

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
REYES, JOSE
24 SO. EXUMA RD
KEY LARGO FL 33037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4322 Chiquita Blvd
Cape Coral FL 33914** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REYES, ZONIA
24 SO. EXUMA RD
KEY LARGO FL 33037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4322 Chiquita Blvd
Cape Coral FL 33914** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
REYES, JOSEPH
24 SO. EXUMA RD
KEY LARGO FL 33037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4322 Chiquita Blvd
Cape Coral FL 33914** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RODRIGUEZ, ELIZABETH
24 SO. EXUMA RD
KEY LARGO FL 33037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4322 Chiquita Blvd
Cape Coral FL 33914** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-03

(239)

945-6280

CR2E034 (10/02)