## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am<sup>§</sup> Secretary of State DOCUMENT # P00000107430 1. Entity Name 05-16-2001 90209 020 \*\*\*150.00 S-BONILLA CRUZ CORP. Principal Place of Business Mailing Address 5817 JOHNSON STREET 5817 JOHNSON STREET BP057481 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 10647 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, DIONISIO Street Address (P.O. Box Number is Not Acceptable) 5817 JOHNSON STREET HOLLYWOOD FL 33021 City 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 01-16-01 (NOT): Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change Addition NAME SANCHEZ, DIONISIO NAME STREET ADDRESS 5817 JOHNSON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME CRUG, SERGIO NAME STREET ADDRESS 5817 JOHNSON STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE TD ☐ Delete TITLE Change ☐ Addition NAME **BONILLA, DANNY HUMBERTO** NAME STREET ADDRESS STREET ADDRESS 5817 JOHNSON STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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