

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90730 023 ***550.00

DOCUMENT # P00000117471
 1. Entity Name
BONNIE L. SCHWEIGER, CPA, P.A.

Principal Place of Business Mailing Address
ONE SE THIRD AVENUE TENTH FLOOR **ONE SE THIRD AVENUE TENTH FLOOR**
MIAMI FL 33131 **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
20287 Monteverdi Cir. **20287 Monteverdi Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boca Raton, FL **Boca Raton, FL**
 Zip Country Zip Country
33498 **USA** **33498** **USA**

4. FEI Number Applied For
65-1079190 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
POWERS, MARC K CPA
ONE SE THIRD AVENUE TENTH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **Bonnie Schweiger**
 Street Address (P.O. Box Number is Not Acceptable) **20287 Monteverdi Circle**
 City **Boca Raton** **FL** Zip Code **33498**

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 Schweiger** DATE **5/22/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIGER, BONNIE L ONE SE THIRD AVENUE TENTH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 L. Schweiger** DATE **5/22/02** DAYTIME PHONE # **301-479-4116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)