

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90038 043 ***150.00

DOCUMENT # P01000031870

1. Entity Name

JESINIO S. BUNYI, P.A.

Principal Place of Business

C/O MENDIGUREN, SPRING & ASSOCIATES, P.A.
 5300 NW 33RD AVE., STE. 220
 FT. LAUDERDALE FL 33309

Mailing Address

C/O MENDIGUREN, SPRING & ASSOCIATES, P.A.
 5300 NW 33RD AVE., STE. 220
 FT. LAUDERDALE FL 33309



2. Principal Place of Business

8320 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Plantation, FL

Zip

33322

Country

3. Mailing Address

8320 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Plantation, FL

Zip

33322

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1085497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUNYI, JESINIO S

C/O MENDIGUREN, SPRING & ASSOCIATES, P.A.

5300 NW 33RD AVE., STE. 220

FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

8320 W. Sunrise Boulevard

Suite 200

City

Plantation

FL

Zip Code

33322

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

[Signature]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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 ☐ Delete

NAME DPST
 BUNYI, JESINIO S
 STREET ADDRESS C/O 5300 NW 33RD AVE., STE. 220
 CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
 STREET ADDRESS 8320 W Sunrise Blvd, Suite 200
 CITY-ST-ZIP Plantation, FL 33322

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)