

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

FILED

DOCUMENT # P01000039024

1. Entity Name

BON BROTHERS, INC.

02 NOV 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800009049308
11/18/02--01075--008 **150.00

2. Principal Place of Business

3492 POLYNESIAN ISLE

3. Mailing Address

BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

SAME

4. FEI Number

59-3711493

Applied For

Not Applicable

Zip

34746

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALEED BON

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

3492 POLYNESIAN ISLE BLVD

City

KISSIMMEE

FL

Zip Code

34746

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, 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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Waleed Bone President
3492 Polynesian Isle Blvd.
Kiss FL 34746

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

BON BROTHERS, INC.

3492 Polynesian Isle Blvd.

Kissimmee, FL 34746

Tel: (407) 396-1377

November 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the check for the amount of \$150.00 to pay for the yearly registration of the corporate name.

We have not receive the UBR as of yet. Please accept the payment and eliminate any penalty. We verified that the Department has Administratively Dissolved the Corporation and we request that this be reversed.

If any further information is required, please contact me at the address or number above. Your prompt response to this matter is greatly appreciated.

Sincerely,



Waleed Bon
Director

Enclosures:

Check for \$150.00

UBR with FEIN number completed