

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 048 ***150.00

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

DOCUMENT # **P01000042520**

1. Entity Name

BONSAI CREATIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2950 N. Palm Aire Dr.

3. Mailing Address

2950 N. Palm Aire Dr.

Suite, Apt. #, etc.

607

Suite, Apt. #, etc.

607

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

City & State

Pompano Beach FL

4. FEJ Number

65-1119683

Applied For

Not Applicable

Zip

33069

Country

US

Zip

33069

Country

US

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Julietta Bautista

Street Address (P.O. Box Numbers Not Acceptable)

2950 N. Palm Aire Drive

Suite 607

City

Pompano Beach

FL

Zip Code

33069

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 \$650.00

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

**PRESIDENT
JULIETA K. BAUTISTA
2950 N. Palm Aire Drive
Pompano Beach FL 33069**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VICE PRESIDENT
LUIS A. ARISTIZABAL
2950 N. Palm Aire Drive
Pompano Beach FL 33069**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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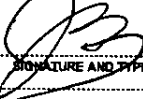
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**DO NOT WRITE
IN THIS SPACE**

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:



Julieta Bautista

3/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR000046 (12/01)