

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90055 031 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

LA BONE ADVENTURE, INC  
P01000051466

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5609 S. UNIVERSITY DR.

Suite, Apt. #, etc.

3. Mailing Address

5609 S. UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

DAVIE, FLA.

City & State

DAVIE, FLA.

Zip

33328

Country

USA

Zip

33328

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1107572

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BUSINESS FILINGS, INC.

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

1000 WEST AVE #1114

MIAMI BEACH, FL

City

FL

Zip Code

33139

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

NA

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

(NOTE: Registered Agent signature required when renouncing)

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	PETER PARKMAN - P 8840 NW 8TH ST. POMBRIDGE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUZIN A. PARKMAN 8840 NW 8TH ST. POMBRIDGE PINES, FL 33024	TITLE NAME STREET ADDRESS 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

4/24/02 954-680-0668  
Date Daytime Phone #

CR2E034B (12/01)