

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90083 013 \*\*\*150.00

0354000 AV

**DOCUMENT # P01000060131**

1. Entity Name  
**BEVONA, INC.**

Principal Place of Business  
**5111 AUSTRALIAN AVENUE**  
**SUITE A**  
**MANGONIA PARK FL 33407**

Mailing Address  
**5111 AUSTRALIAN AVENUE**  
**SUITE A**  
**MANGONIA PARK FL 33407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1501 53<sup>rd</sup> Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1501 53<sup>rd</sup> Street**  
 Suite, Apt. #, etc.

City & State  
**Mangonia Park, FL**  
 Zip  
**33407**  
 Country  
**Palm Beach**

City & State  
**Mangonia Park, FL**  
 Zip  
**33407**  
 Country  
**Palm Beach**

4. FE Number  
**65-1115403**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BONIESKI, VERA E**  
**5111 AUSTRALIAN AVENUE**  
**SUITE A**  
**MANGONIA PARK FL 33407**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1501 53<sup>rd</sup> Street**  
 City  
**Mangonia Park** **FL** Zip Code  
**33407**

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 *Veronica Bonieski, Registered Agent, Vice Pres. Secy/Treas.* **2/25/02**  
 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	<b>President &amp; Director</b>	<input type="checkbox"/> Delete	
NAME	<b>Edward C. Bonieski</b>		
STREET ADDRESS	<b>1501 53<sup>rd</sup> Street</b>		
CITY-ST-ZIP	<b>Mangonia Park, FL 33407</b>		
TITLE	<b>Vice-President &amp; Director</b>	<input type="checkbox"/> Delete	
NAME	<b>Vera E. Bonieski</b>		
STREET ADDRESS	<b>1501 53<sup>rd</sup> Street</b>		
CITY-ST-ZIP	<b>Mangonia Park, FL 33407</b>		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete	
NAME	<b>Vera E. Bonieski</b>		
STREET ADDRESS	<b>1501 53<sup>rd</sup> Street</b>		
CITY-ST-ZIP	<b>Mangonia Park, FL 33407</b>		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Delete	
NAME	<b>Vera E. Bonieski</b>		
STREET ADDRESS	<b>1501 53<sup>rd</sup> Street</b>		
CITY-ST-ZIP	<b>Mangonia Park, FL 33407</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Veronica Bonieski* **2/25/02** **561-841-4868**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)