

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

2. Principal Place of Business **1501 53rd Street** Suite, Apt. #, etc.
 3. Mailing Address **1501 53rd Street** Suite, Apt. #, etc.

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

4. FE# Number **65-1115403** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 53rd 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 **Vera E. Bonieski, Registered Agent, Vice Pres. Secy/Treas.** DATE **2/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input type="checkbox"/> Delete Edward C. Bonieski 1501 53rd Street Mangonia Park, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President & Director <input type="checkbox"/> Delete Vera E. Bonieski 1501 53rd Street Mangonia Park, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Vera E. Bonieski 1501 53rd Street Mangonia Park, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Vera E. Bonieski 1501 53rd Street Mangonia Park, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Vera E. Bonieski** DATE **2/25/02** DAYTIME PHONE # **561-841-4868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)