

FILED
May 23, 2002 8:00 am
Secretary of State

DOCUMENT # P93000072306

915 W 18TH ST
895 W 18TH STREET
HIALEAH FL 33010
US

2. Principal Place of Business
5369 AIRPORT PULLING RD

Suite, Apt. #, etc.

City & State
NAPLES FL

Zip

Country

Zip
34109

Country

4. FEI Number **65-0444783**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BONILLA, PAUL JR.	
STREET ADDRESS	15800 W PRESTWICK PL	
CITY- ST- ZIP	MIAMI LAKES FL 33014	

TITLE	D	<input type="checkbox"/> Delete
NAME	BONILLA, MARIA	
STREET ADDRESS	15800 W PRESTWICK PL	
CITY - ST - ZIP	MIAMI LAKES FL 33014	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BONILLA, RICHARD	
STREET ADDRESS	915 W 18 ST	
CITY - ST - ZIP	HIALEAH FL	

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="text"/>	<input type="checkbox"/> Delete
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY-ST-ZIP	<input type="text"/>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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	

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 life empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/01)