**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 08, 2002 8:00 am § Secretary of State P94000089634 DOCUMENT # 1. Entity Name BONSAI BEGINNINGS, INC. 05-08-2002 90051 002 \*\*\*150.00 Principal Place of Business Mailing Address 8115 SOUTHERN BLVD. UNIT 1 8115 SOUTHERN BLVD. UNIT 1 W PALM BEACH FL 33411 W PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0542066 山の計 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STARR, JIM Street Address (P.O. Box Number is Not Acceptable) 6061 WEST GUN CLUB RD. W PALM BEACH FL 33415 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 resident CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition STARR, JIM NAME NAME 6061 WEST GUN CLUB RD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP ST ☐ Addition Change TITLE ☐ Delete TITLE STARR, LOUISE NAME NAME 6061 WEST GUN CLUB RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 applicress, with all piter like empowered.