

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041840

1. Entity Name

BONAFIDE MANAGEMENT GROUP, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90093 028 ***150.00

Principal Place of Business

2050 CORAL WAY
SUITE #515
MIAMI FL 33145
US

Mailing Address

2050 CORAL WAY
SUITE #515
MIAMI FL 33145-2682
US

2. Principal Place of Business

3. Mailing Address

PO Box 521458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0596651

Applied For

Not Applicable

Zip

Country

Zip

Country

33152

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSI, RICARDO
1513 W. 42ND PLACE
HIALEAH FL 33012

Name

Ricardo Russi

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

6224 SW 149th Avenue

City

Miami

FL

Zip Code

33193

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

Ricardo Russi, President 3/14/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
RUSSI, RICARDO
1513 W. 42ND PLACE
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
Russi, Ricardo
6224 SW 149th Avenue
Miami, FL 33193 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00 305 857-9777

CR2E034 (9/99)