

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
 01-15-2002 90070 028 ***150.00

DOCUMENT # P96000051495

1. Entity Name
BONITA VACATIONS, INC.

Principal Place of Business

**2409 SW 50TH STREET
 CAPE CORAL FL 33914**

Mailing Address

**C/O ROLF POTSCHE
 2634 SW 48TH TERRACE
 CAPE CORAL FL 33914**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0680274

Applied For

Not Applicable

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

**POTSCH, ROLF
 2631 VW 48TH TERRACE
 CAPE CORAL FL 33914**

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARTH, DIETER**
STREET ADDRESS **2409 SW 50TH STREET**
CITY - ST - ZIP **CAPE CORAL FL 33914**

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

TITLE **D** ☐ Delete
NAME **BARTH, SABINE**
STREET ADDRESS **2409 SW 50TH STREET**
CITY - ST - ZIP **CAPE CORAL FL 33914**

☐ Change ☐ Addition
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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: *Rolf Potstsch* **01-07-02 941 540 2501**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

984572
Doc. # P 96000051495

Power of Attorney

KNOW ALL MEN BY THE PRESENTATION OF THIS DOCUMENT:

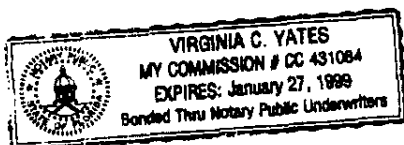
that Dieter Barth Fichtenstr. 20 73732 Esslingen Germany President of the Bonita Vacation Inc. 2409 SW 50th Street, Cape Coral, FL 33914 do hereby constitute and appoint Rolf Potsch, 2631 SW 48th Terr, Cape Coral Florida 33914 USA, Social Security number 593-31-7317, as my true and lawful attorney, in fact to act in my name, place and stead as my attorney, in his discretion for everything which is necessary to handle the Bonita Vacation Inc. Corporation No. P96000051495 Tax ID No. 65-0680274 and perform any, all and every act requisite, necessary or proper to be done in carrying out the purposes for which this Power of Attorney is granted.

IN WITNESS WHEREOF, this instrument has been executed at Cape Coral Florida
this, 27th day of June 1997 on behalf of.

Rolf Potsch
(Rolf Potsch)

Dieter Barth
(Dieter Barth)

Signatures of Rolf Potsch and Dieter Barth
notarized the 27th day of June 1997
FI Driver I.D. & German Passport I.D. taken



By Virginia Yates Notary
Virginia Yates