2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90989 012 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000084227

1. Entity Name
BONA TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
7205 NW 68TH ST UNIT #2 MIAMI FL 33166-3016	790 SAN REMO DRIVE WESTON FL 33326-4533

2. Principal Place of Business	3. Mailing Address
7255 NW 68TH STREET	Same
Suite, Apt. #, etc.: UNIT 1	Suite, Apt. #, etc.:
City & State: MIAMI- FL	City & State:
Zip: 33166.3016 Country: USA	Zip: Country:

4. FEI Number 65-0789103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

XIQUES, ALBERT J ESQ
1000 BRICKELL AVENUE SUITE 660
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: HENRIQUE M BOMBONATO
Street Address (P.O. Box Number is Not Acceptable): 790 SAN REMO DRIVE
City: WESTON **FL** Zip Code: 33326.4533

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, 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

TITLE	DP	☐ Delete
NAME	BOMBONATO, HENRIQUE M	
STREET ADDRESS	790 SAN REMO DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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] HENRIQUE M BOMBONATO Apr. 15.00 (305) 888 7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #