

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003601

1. Entity Name

BON BRIL, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90057 035 ***150.00

Principal Place of Business

2201 NW 102 PLACE
#2
MIAMI FL 33172

Mailing Address

2201 NW 102 PLACE
#2
MIAMI FL 33166-6737

2. Principal Place of Business

7220 NW 36 St.
Suite, Apt. #, etc. 628
City & State Miami, FL

3. Mailing Address

7220 NW 36 St.
Suite, Apt. #, etc. 628
City & State Miami, FL



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0815754

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
2925 AVENTURA BOULEVARD
SUITE 308
AVENTURA FL 33180

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, 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 PD
NAME ARGUERA, OSCAR
STREET ADDRESS 4350NW 102ND PL #2
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE VP
NAME JARAMILLO, MARIA CRISTING
STREET ADDRESS 2201 NW 102 PL #2
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE VP
NAME ROSEN, LAWRENCE N
STREET ADDRESS 2201 NW 102 PL #2
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE S
NAME MOLINA, ANDRES
STREET ADDRESS 2201 NW 102 PL #2
CITY-ST-ZIP MIAMI FL 33172 ☐ 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 PD
NAME ARGUERA, OSCAR
STREET ADDRESS 7220 NW 36 St. # 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☐ Addition

TITLE VP
NAME Jaramillo, MariaCristing
STREET ADDRESS 7220 NW 36 St. # 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☐ Addition

TITLE VP
NAME Rosen, Lawrence N
STREET ADDRESS 7220 NW 36 St. # 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☐ Addition

TITLE S
NAME Molina, Andres
STREET ADDRESS 7220 NW 36 St. # 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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 #

03/28/00

CR2E034 (9/99)