FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
07-15-2002 90186 004 ***150.00

DOCUMENT # P98000007329

1. Entity Name
Bonilyn Management, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11760 N.W. 26th St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation	City & State
Zip: 33323 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0-806665 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Boni Mollins

Street Address (P.O. Box Number is Not Acceptable): 11760 N.W. 26th St.

City: Plantation FL Zip Code: 33323

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Boni Mollins 11760 N.W. 26th St Plantation, Fl. 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Douglas Maloney 11760 N.W. 26th Plantation, Fl. 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Boni Mollins 11760 NW 26th St Plantation, Fl. 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Douglas Maloney 11760 NW 26th St Plantation, Fl. 33323
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Boni Mollins Pres Boni Mollins 7/10/02 (954) 941-0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#P98000073299
-120247-

7/10/02

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom it may concern:

I did not receive the corporate business report for the year 2002. It was recommended to me that I may take a copy of the form off of the internet, and send it in. I (of course) do not want to dissolve my corporation, and I am concerned about having this form in late.

I also have just recently moved, and I have not changed the corporate address yet. Please change it to:

Bonilyn Management Inc
1320 S.W. 117th Way
Davie, Florida 33325

I would greatly appreciate it if you would waive my late fees, as it was beyond my control. This may have had a mix-up because of my recent move. Thank you for your cooperation in this matter.

Boni Mollins
President