

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035005

1. Entity Name

BONA HEALTH, INC.

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

04-21-2000 90120 014 ***150.00

Principal Place of Business

Mailing Address

4530 NW HIATUS RD.
STE 112
SUNRISE FL 33351
US

5100 SW 115 AVE
COOPER CITY FL 33330-4235

2. Principal Place of Business

2481 N. STATE ROAD 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

4. FEI Number

65-0826539

Applied For

Not Applicable

Zip

33313

Country

BROWARD - USA

Zip

Country

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

BLEUS, EMMANUEL V
5100 SW 115 AVE
COOPER CITY FL 33330

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BLEUS, EMMANUEL V	
STREET ADDRESS	5100 SW 115 AVE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONAVENTURE, EDDY	
STREET ADDRESS	11164 HIGHLAND CIRCLE - BOCA WOODS	
CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGAGNEUR, JEAN	
STREET ADDRESS	10634 PEBBLE COVE LANE	
CITY-ST-ZIP	BOCA RATON, FL. 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 sign 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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANUEL V. BLEUS

Date

Daytime Phone #

4-13-00 (954) 484-3326

CR2E034 (9/99)