

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035005

1. Entity Name

BONA HEALTH, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90336 042 ***150.00

Principal Place of Business

2481 N STATE ROAD 7
LAUDERHILL FL 33313
US

Mailing Address

5100 SW 115 AVE
COOPER CITY FL 33330

962859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0826539**

Applied For
Not Applicable

Zip

Country

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

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

M
BONAVENTURE, EDDY
11164 HIGHLAND CIRCLE BOCA WOODS
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

D
LEGAGNEUR, JEAN
110634 PEBBLE COVE LANE
BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ 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

EMMANUEL V. BLEUS

4-24-2001 (954) 830-1715

Date

Daytime Phone #

CR2E034 (10/00)