

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90261 031 ***150.00

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DOCUMENT # P98000035005

1. Entity Name
BONA HEALTH, INC.



Principal Place of Business
**2481 N STATE ROAD 7
LAUDERHILL FL 33313
US**

Mailing Address
**5100 SW 115 AVE
COOPER CITY FL 33330**



2. Principal Place of Business
11164 HIGHLAND CIRCLE

3. Mailing Address

Suite, Apt. #, etc.
BOCA WOODS

Suite, Apt. #, etc.

City & State
BOCA RATON, FL.

City & State

Zip
33428

Country
USA

Zip

Country

4. FEI Number **65-0826539**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BLEUS, EMMANUEL V**
STREET ADDRESS **5100 SW 115 AVE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **M** ☐ Delete
NAME **BONAVENTURE, EDDY**
STREET ADDRESS **11164 HIGHLAND CIRCLE BOCA WOODS**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **LEGAGNEUR, JEAN**
STREET ADDRESS **110634 PEBBLE COVE LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

EMMANUEL V. BLEUS 4-21-03 954-755-6513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)