

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 012 ***150.00

DOCUMENT # P98000082412

1. Entity Name

BONDY & ASSOCIATES, INC.



Principal Place of Business

11649 N.W. 5TH STREET
PLANTATION FL 33325

Mailing Address

11649 N.W. 5TH STREET
PLANTATION FL 33325

2. Principal Place of Business

3. Mailing Address

Suite 262

Suite 262

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8181 W. Broward Blvd.

8181 W. Broward Blvd.

City & State

City & State

Plantation FL

Plantation FL

Zip

Zip

33324

Country

U.S.A.

33324

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0879481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONDY, PETER J
11649 NW 5TH PLACE
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

Bondy, Peter J.

Street Address (P.O. Box Number is Not Acceptable)

9611 Ridgside Ct.

City

Davie

FL

Zip Code

33328

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

Peter J. Bondy

4/25/03

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 ☐ Delete
NAME **DSTP**
STREET ADDRESS **BONDY, PETER J**
CITY-ST-ZIP **11649 N.W. 5TH STREET**
PLANTATION FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **DSTP**
STREET ADDRESS **Bondy, Peter J.**
CITY-ST-ZIP **9611 Ridgside Ct**
DAVIE, FL 33328

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Bondy

Date

Daytime Phone #

4/25/03 (954) 473-1730

CR2E034 (10/02)