

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
 02-15-2002 90006 041 ***150.00

DOCUMENT # P98000085501

1. Entity Name
EL SOL HISPANO, INC.

Principal Place of Business
P.O. BOX 120966
CLERMONT FL 34712

Mailing Address
P.O. BOX 120966
CLERMONT FL 34712



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 **59-3536120**

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

KENNEDY, AURA B
15708 GREATER TR.
CLERMONT FL 34711

Name **BONFANTI, AURA C.**

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

15708 GREATER TRAIL

City **CLERMONT** **FL** Zip Code **34711**

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 **AURA BONFANTI (PRESIDENT)** **01/28/02**
 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, 2002 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 **PTSD** ☐ Delete
 NAME **KENNEDY, AURA B**
 STREET ADDRESS **15708 GREATER TR.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **PTSD** ☒ Change ☐ Addition
 NAME **BONFANTI, AURA C.**
 STREET ADDRESS **15708 GREATER TRAIL**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V-P** ☐ Change ☒ Addition
 NAME **GIOVANNI BONFANTI**
 STREET ADDRESS **414 E. FIFTH AVENUE (P.O. BOX 70)**
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 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: **AURA BONFANTI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)