

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 05-16-2000 90018 024 ***150.00

DOCUMENT #
 i. Entity Name Ilona Inc.
P98000100992

Principal Place of Business
83409 Overseas Hwy
Islamorada FL. 33036

Mailing Address
P.O. Box 386
Islamorada FL. 33036

Principal Place of Business
83409 Overseas Hwy
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 386
 Suite, Apt. #, etc.

City & State
Islamorada FL.

City & State
Islamorada FL.

Zip
33036

Country
U.S.

Zip
33036

Country
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553837

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
83407 Overseas Hwy
 City Islamorada FL, Zip Code 33036

7. Name and Address of New Registered Agent

Name Ilona Sandrey
 Street Address (P.O. Box Number is Not Acceptable) _____
83407 Overseas Hwy
 City Islamorada FL, Zip Code 33036

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

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	STREET ADDRESS		
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ST-ZIP	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

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: Ilona Sandrey **7/24/00** **305-664-8603**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

REJECTED
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Ilona Inc.

P98000100992

107135

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Islamorada FL.
33036*

Mailing Address

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33036*

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Suite, Apt. #, etc.

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Trust Fund Contribution.

☐

**\$5.00 May Be
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OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ilona Sandrey 83407 Overseas Hwy Islamorada FL. 33036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

Ilona Sandrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00
Date

305-664-8603
Daytime Phone #

CR2E034 (9/99)