

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-21-2003 90470 016 ****61.25
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DOCUMENT # P99000006047

1. Entity Name
JAMES EMILIO DEBONIS INCORPORATED



03 JUN -2 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4532 SOUTHWEST 71ST AVENUE
MIAMI FL 33155

Mailing Address
PO BOX 558196
MIAMI FL 33255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1105818

Applied For
Not Applicable

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

DEBONIS, HAROLD RALPH
3025 BLAINE STREET
COCONUT CREEK FL 33133

Name

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

COCONUT GROVE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME DEBONIS, HAROLD RALPH
STREET ADDRESS P.O. BOX 558196
CITY-ST-ZIP MIAMI FL 33255 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900020531239
06/04/03--01062--013 **88.75

TITLE V
NAME DEBONIS, JAMES
STREET ADDRESS P.O. BOX 558196
CITY-ST-ZIP MIAMI FL 33255 ☐ Delete

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

TITLE V
NAME JOHNSON, JAMES H JR
STREET ADDRESS P.O. BOX 558196
CITY-ST-ZIP MIAMI FL 33255 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: JAMES H JOHNSON JR. VP

04/17/03

305-662-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)