

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022726

1. Entity Name

J. BON ENTERPRISES, INC.

[Handwritten Signature]

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90017 037 ***150.00

Principal Place of Business

100 SUNRISE DRIVE, #26
 KEY BISCAYNE FL 33149

Mailing Address

100 SUNRISE DRIVE, #26
 KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909845

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

BON, JUAN
 100 SUNRISE DRIVE, #26
 KEY BISCAYNE FL 33149

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.

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 JUAN E. BON
 100 SUNRISE DR #26
 KEY BISCAYNE - FL 33149

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUL 06 00

(305) 3615883

CR2E034 (5/00)

P.99000022726

A0067617

BON ENTERPRISES, INC.
CARGO SALES & LOGISTICS



TO WHOM IT MAY CONCERN:

CHANGE OF ADDRESS WAS FILED ON/AROUND
MAY-2000. DID NOT RECEIVE FIRST
NOTIFICATION. ENCLOSED YOU WILL
FIND COMPLETED 2000 UBE ALONG
WITH ORIGINAL FILING FEE \$150, AS
INSTRUCTED BY YOUR OFFICE.

Juan Bae