

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050509

1. Entity Name

BONA FIDE CLAIMS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90079 011 \*\*\*150.00

Principal Place of Business

Mailing Address

SW 136 AVE  
 FL 33184

210 SW 136 AVE  
 MIAMI FL 33184-1020

2. Principal Place of Business

210 SW 136 AVE

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

FL 33184

Country

U.S.A

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

RODRIGUEZ, CARLOS J  
 210 SW 136 AVE  
 MIAMI FL 33184

Name

N/A

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

City

FL

Zip Code

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 or officer 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, 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

11. OFFICERS AND DIRECTORS

TITLE

(President)  
 Carlos Rodriguez  
 210 SW 136 AVE  
 MIAMI FL 33184

☐ Delete

STREET ADDRESS

☐ Delete

CITY-STATE-ZIP

STREET ADDRESS

☐ Delete

CITY-STATE-ZIP

TITLE

☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 powers and authority.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)