

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S71124**

1. Entity Name

J. BONNEN ELEVATOR CONSULTANTS INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90031 031 ***150.00

Principal Place of Business 6320 BOCA DEL MAR DR #208 BOCA RATON FL 33433 US	Mailing Address 6320 BOCA DEL MAR DR #208 BOCA RATON FL 33062-3660 US
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2. Principal Place of Business 2880 N.E. 14TH STREET	3. Mailing Address 2880 N.E. 14TH STREET
Suite, Apt. #, etc. APT. #1012	Suite, Apt. #, etc. APT. #1012
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL



DO NOT WRITE IN THIS SPACE

Zip 33062	Country USA	Zip 33062	Country USA
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4. FEI Number 65-0278448	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BONNEN, JEROME E.
6320 BOCA DEL MAR DR
#208
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **BONNEN, JEROME E.**
 Street Address (P.O. Box Number is Not Acceptable)
2880 N.E. 14TH STREET
APT. #1012
 City **POMPANO BEACH** **FL** Zip Code **33062**

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 **JEROME E. BONNEN PRESIDENT** *Jerome E. Bonnen* **MARCH 29, 2000**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P BONNEN, JEROME E 6320 BOCA DEL MAR DR #208 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BONNEN, GENEVA A 6320 BOCA DEL MAR DR #208 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2880 N.E. 14TH STREET, APT #1012 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2880 N.E. 14TH STREET, APT. #1012 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jerome E. Bonnen* **MARCH 29, 2000** **(954) 545-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)