

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S79474**

1. Entity Name

BONNIE'S HIALEAH INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90066 043 ***150.00

Principal Place of Business

Mailing Address

D/B/A BONITAS HALLMARK
1635 W 49TH ST
HIALEAH FL 33012
US

5421 SW 39TH AVE
FT LAUDERDALE FL 33312
US

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 **65-0285070**

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

SPINA, DANIEL C.
5421 S. W.39 AVE
FT LAUDERDALE FL 33312

Name

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

City

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 re-statuting)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PST						
	SPINA, DANIEL C.						
	5421 SW 39 AVE						
	FT LAUDERDALE FL 33312						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	VD						
	SPINA, DANIEL C.						
	5421 SW 39 AVE						
	FT LAUDERDALE FL 33312						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
					<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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754 457-7405

CR2E034 (10/00)