

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90008 040 \*\*\*\*61.25

DOCUMENT # **N00000004552**  
 1. Entity Name  
**Bonding foundation Corp.**

Principal Place of Business Mailing Address  
**17021 N. Bay Road** **Sunny Isle, FL 33160**  
**Apt. 417** **SAME**

2. Principal Place of Business 3. Mailing Address  
**170 N. Bay Road** **17021 N. Bay Road**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**417** **417**  
 City & State City & State  
**Sunny Isle, FL** **Sunny Isle, FL**  
 Zip Country Zip Country  
**33160 U.S.A.** **33160 U.S.A.**

4. FEI Number Applied For  
**65-1022405** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

77044

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Millenia Consulting svcs**  
**444 Brickell Avenue, suite 750**  
**Miami, FL 33131**

7. Name and Address of New Registered Agent  
 Name **Diego L. Restrepo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 S.E. 25th Road, suite 12-D**  
 City **Miami** FL Zip Code **33129**

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 **Diego Restrepo** DATE **07-14-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS \$61.25  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>Liliana Acero</b>	
STREET ADDRESS	<b>17021 N. Bay Road, Apt. 417</b>	
CITY-ST-ZIP	<b>Sunny Isle, FL 33160</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CLARA VIALE</b>	
STREET ADDRESS	<b>Ambrosini 1465 - victoria</b>	
CITY-ST-ZIP	<b>Buenos Aires, Argentina</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>Margareta Theresa Hofer</b>	
STREET ADDRESS	<b>Thames 2306 2do A</b>	
CITY-ST-ZIP	<b>Buenos Aires, Argentina</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>MARISA Patrizio</b>	
STREET ADDRESS	<b>170 N. Bay Road, Apt 417</b>	
CITY-ST-ZIP	<b>Sunny Isle, FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.  
 SIGNATURE: **Marisa Patrizio** DATE **7-14-01** DAYTIME PHONE # **(305) 298-8109**

CR2E037 (11/00)