**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am Secretary of State P96000051495 DOCUMENT # 1. Entity Name BONITA VACATIONS, INC. 01-15-2002 90070 028 \*\*\*150.00 Principal Place of Business Mailing Address 904510 2409 SW 50TH STREET C/O ROLF POTSCH CAPE CORAL FL 33914 2634 SW 48TH TERRACE CAPR CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0680274 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POTSCH. ROLF Street Address (P.O. Box Number is Not Acceptable) 2631 VW 48TH TERRACE CAPE CORAL FL 33914 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BARTH, DIETER NAME NAME 2409 SW 50TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition BARTH, SABINE NAME NAME STREET ADDRESS 2409 SW 50TH STREET STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

tachwent 2015/12 Drc.# P96000051495

## Power of Attorney

## KNOW ALL MEN BY THE PRESENTATION OF THIS DOCUMENT:

that Dieter Barth Fichtenstr. 20 73732 Esslingen Germany President of the Bonita Vacation Inc. 2409 SW 50th Street, Cape Coral ,FL.33914 do hereby constitute and appoint Rolf Potsch, 2631 SW 48th Terr, Cape Coral Florida 33914 USA, Social Security number 593-31-7317, as my true and lawful attorney, in fact to act in my name, place and stead as my attorney, in his discretion for everyting wich is necessary to handle the Bonita Vacation Inc. Corporation No. P96000051495 Tax ID No. 65-0680274 and perform any, all and every act requisite, necessary or proper to be done in carrying out the purposes for which this Power of Attorney is granted.

IN WITNESS WHEREOF, this instrument has been executed at Cape Coral Florida this, 27th day of June 1997 on behalf of.

(Rolf Potsch)

Segnatures of half fatach and Chetter Blanch, natural the 21th day of June 1997. FI Driver I D. + Guman Parapret ID. taken

VIRGINIA C. YATES MY COMMISSION # CC 431084 EXPIRES: January 27, 1999

By Turginia Clates Notary