

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90240 044 \*\*\*158.75

**DOCUMENT # P01000117787**

1. Entity Name  
**JIRI SUNKOVSKY, USA, INC.**

Principal Place of Business  
**650 TENNIS CLUB DRIVE #112  
 FT LAUDERDALE FL 33311**

Mailing Address  
**650 TENNIS CLUB DRIVE #112  
 FT LAUDERDALE FL 33311**

2. Principal Place of Business  
**4648 Poinciana St.**  
 Suite, Apt. #, etc. **Apt. # 2**

3. Mailing Address  
**4648 Poinciana St.**  
 Suite, Apt. #, etc. **Apt. # 2**

City & State  
**Lauderdale By The Sea, FL**  
 Zip **33308** Country

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4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SUNKOVSKY, JIRI  
 650 TENNIS CLUB DRIVE #112  
 FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent  
 Name **SUNKOVSKY JIRI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4648 Poinciana St. Apt. # 2**  
 City **Lauderdale By The Sea FL** Zip Code **33308**

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 *Sunkovsky Jiri* **Sunkovsky Jiri**

DATE **04/27/2002**

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, 2002 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	<b>D</b> <input type="checkbox"/> Delete <b>SUNKOVSKY, JIRI</b> <b>650 TENNIS CLUB DRIVE #112</b> <b>FT LAUDERDALE FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIV</b> <b>SUNKOVSKY, JIRI</b> <b>4648 Poinciana St. Apt #2</b> <b>Lauderdale By the Sea FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P/S</b> <b>SUNKOVSKY, DUBSKA, LENKA</b> <b>4648 Poinciana St. Apt. #2</b> <b>Lauderdale By The Sea FL 33308</b>
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: *Sunkovsky Jiri* **Sunkovsky Jiri** **Lenka Dubska Sunkovsky** **04/27/2002** **Home (954) 4530385** **Cell (954) 6093434**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LENKA DUBSKA SUNKOVSKY** Daytime Phone #

CR2E034 (9/01)