2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ DOCUMENT # 563321 May 19, 2000 8:00 am BRANK-O- PACTOR, INC **Secretary of State** 05-19-2000 90084 014 ***150.00 Principal Place of Business Mailing Address 2838 UNIVERSITY DRIVE 1838 UNIVERSITY DRIVE and all springs, R 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 2826 UNIVERSITY DRIVE 1816 UNIVERSITY DRIVE DO NOT WRITE IN THIS SPACE % HOLLAND 6 HOLLAND 4. FEI Number Applied For City & State City & State 59 -1803480 CORAL SPRINGS FLORIDA CORAL SPRINGS FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 1425 33065-1425 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUCEL DUBRAVKA VALENTINA MARIANUE TARAS treet Address (P.O/Box Number is Not Acceptable) 2400 E. LAS OLAS BLVD #363 DRIVE, FORT LAUDERDALE FL 33301 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. 4-24-00 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS RUCGL DUBRAVKA VALENTINA TITLE ☐ Change Addition TITLE VALENTINA KUCELI, DUBRAVKA NAME NAME 113 ROYAL MARK DRIVE, IC 2400 E. LAS OLAS TOLVD \$363 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORT LAUDERDARG FL 33301 Addition TITLE ☐ Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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. DUBRAVKA Daytime Phone # NAME OF SIGNING OFFICER OR DIRECTOR