FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am 563321 **DOCUMENT # Secretary of State** 1. Entity Name BRANK-O-PACTOR, INC. 02-21-2002 90141 043 ***150.00 Principal Place of Business Mailing Address 107 ROYAL PARK DR. 3C 2400 E LAS OLAS BLVD. #363 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33309 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 59-1803480 Not Applicable Zip Country Zip Country PREPRINTED 6. Name and Address of Current Registered Agent FEI NUMBER Name KUCELY, DUBRAVKA V Street Address (P. 107 ROYAL PARK DRIVE, 3C FORT LAUDERDALE FL 33309 PLEASE RECORD 8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete KUCELY, DUBRAVKA V NAME NAME 107 ROYAL PARK DRIVE 3C STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP TITI F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE: c Daytime Phone #