

DOCUMENT # **G22880**
1. Entity Name
FABRIKO, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90051 034 ***150.00

Principal Place of Business Mailing Address
C/O MEGAN BERISKO **C/O MEGAN BERISKO**
2610 S. FEDERAL HIGHWAY **2610 S. FEDERAL HIGHWAY**
FORT LAUDERDALE FL 33316 **FORT LAUDERDALE FL 33316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
341 S.W. BAYE **PO Box 21787**
Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A **N/A**
City & State City & State
Pompano Beach FL **Fort Lauderdale**
Zip Zip Country Country
33069 **33335** **USA** **USA**

4. FEI Number Applied For
59-2251961 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERISKO, MEGAN
2610 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 Megan Berisko Megan Berisko 01-03-01
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, 2001 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	<input type="checkbox"/> Delete
NAME	PD
STREET ADDRESS	BERISKO, MEGAN
CITY-ST-ZIP	6119 NW 20TH COURT
	MARGATE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

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: Megan Berisko 01-03-01 954-462-8103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #