FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # J25251** 1. Entity Name

Mailing Address

3. Mailing Address

City & State

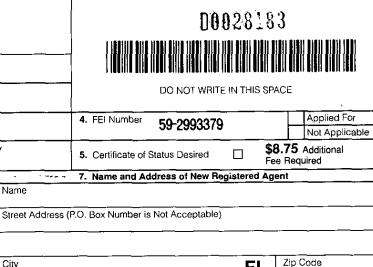
Zip

Suite, Apt. #, etc.

1037 PENINSULA AVE.

TARPON SPRINGS FL 34689-2125

03-20-2000 90185 018 ***150.00



1037 PENINSULA AVE **TARPON SPRINGS FL 34689**

MONOKANDILOS, KERI

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MONOKO, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

1037 PENINSULA AVE. TARPON SPRINGS FL 34689

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

Country

Name

City

(NOTE, Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criter	ria on back)	Make Check Payable to Department of S		to Department of State			
11. OFFICERS AND DIRECTORS			RECTORS	12/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONOKANDILOS, K 1037 PENINSULA A TARPON SPRINGS	VE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY_ST_7IP			Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change	Addition 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: