## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State **DOCUMENT # J49387** 1. Entity Name MIKLAVIC ENTERPRISES, INC. 04-23-2000 90035 024 \*\*\*150.00 Principal Place of Business Mailing Address 3344 N.E. 167TH ST. ---- NE 167TH ST MURTH MIAMI BEACH FL 33160 N. MIAMI BEACH FL 44145-4419 2. Principal Place of Business 3. Mailing Address 27388 PINEVIEW 27388\_ FINE VIEW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2752485 Not Applicable WESTLAKE OHIO WESTLAKE, OHIO Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ACKERMAN STEVEN MIKLAVIC, ERNEST R. Street Address (P.O. Box Number is Not Acceptable) 3344 NW 167TH ST 7328 SW 48TH N MIAMI BCH FL 33160 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PDT ☐ Delete ☐ Change TITLE MIKLAVIC, ERNEST R. NAME NAME 3344 NE 167TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL ■ Addition ☐ Delete TITLE TITLE MIKLAVIC, LINDA J NAME NAME 3344 NE 167TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL ☐ Change Addition TITLE Delete TITLE 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 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered.