

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90368 022 ***150.00

DOCUMENT # J94118

1. Entity Name

SPRINK, INC.

Principal Place of Business

**4170 PETERS ROAD
PLANTATION FL 33317**

Mailing Address

**4170 PETERS ROAD
PLANTATION FL 33317-4559**

2. Principal Place of Business

**340 South SR7
Suite, Apt. #, etc.
PLANTATION, FLORIDA
City & State**

3. Mailing Address

**340 South SR7
Suite, Apt. #, etc.
PLANTATION, FLORIDA
City & State**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0011327

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

Zip

Country

33317**USA**

Zip

Country

33317**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERKMAN LAWRENCE H
340 SW 40 AVE
PLANTATION FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33317

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DP BERKMAN, LAWRENCE 340 SW 40 AVE PLANTATION FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	33317
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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:**Lawrence Berkman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/20/00**
Date**954-791-7320**
Daytime Phone #

CR2E034 (9/99)