

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90214 006 ****70.00

DOCUMENT # N99000005246

1. Entity Name
ETHNOSLINK, INC.

Principal Place of Business Mailing Address

**1801 NORTH LOCKWOOD RIDGE ROAD
 SARASOTA FL 34234** **1801 NORTH LOCKWOOD RIDGE ROAD
 SARASOTA FL 34234**

2. Principal Place of Business 3. Mailing Address

3023 Proctor Road **PO Box 18351**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sarasota, FL **Sarasota, FL**

Zip Country Zip Country

34231 **34276** **34276**

4. FEI Number Applied For

65-0968266 ☐ Not Applicable

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

☒ ☐



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMIREZ, CARLOS H
1801 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name **Ramirez, Carlos H.**

Street Address (P.O. Box Number is Not Acceptable) **2103 Brueckner Road**

City **Sarasota** FL Zip Code **34231**

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]* DATE **03/08/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMIREZ, CARLOS H	
STREET ADDRESS	1801 NORTH LOCKWOOD RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANTLEY, RICHARD L	
STREET ADDRESS	4137 KING RICHARD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMIREZ, MAYRA A	
STREET ADDRESS	3449 CORONADO DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURTON, ROGER	
STREET ADDRESS	2288 PINE VIEW CIR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUSKO, ALBERT G	
STREET ADDRESS	1014 PELICAN COURT	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramirez, Carlos H	
STREET ADDRESS	2103 Brueckner Road	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramirez, Mayra A	
STREET ADDRESS	2103 Brueckner Road	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rubin, Nancy M	
STREET ADDRESS	2400 Arden Drive	
CITY-ST-ZIP	Sarasota, FL 34232	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Carlos Ramirez 03/08/01 941-925-2831

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)