

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P00000027670

1. Entity Name

LINKENA AMERICA, INC.

P00000027670

DO NOT WRITE IN THIS SPACE

02 AUG -9 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
3020 N. Military Trail

3. Mailing Address
3020 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 275

Suite 275

City & State

city & State

Boca Raton, FL

Boca Raton, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0995189

Not Applicable

Zip Country zip Country
33431 US

33431 US

5. Certificate of Status Desired \$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name Gregory M. Nordt, Esq.

Street Address (P.O. Box is NOT Acceptable)

Greenspoon, Marder Hirschfeld, P.A.

100 West Cypress Creek Road, Ste. 700

City

ZIP

Ft. Lauderdale, FL 33309

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IN THIS SPACE**

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.)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME Herbert Goertz
STREET ADDRESS 3020 N. Military Trail, Ste. 275
CITY - ST ZIP Boca Raton FL 33431

TITLE D
NAME Thomas Goertz
STREET ADDRESS Obersecki 11
CITY - ST ZIP CH 6318 Walchwil, Switzerland

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****150.00 ****150.00

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TITLE
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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/02