


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90103 020 ***150.00

0256112 AV

DOCUMENT # P00000034831	
1. Entity Name IMMIGRATIONLINKS.COM, INC.	

Principal Place of Business 1461 BLUE ROAD CORAL GABLES FL 33146	Mailing Address 1461 BLUE ROAD CORAL GABLES FL 33146
--	--



2. Principal Place of Business 1978 BRIDLEWATER DR. Suite, Apt. #, etc.	3. Mailing Address 1978 BRIDLEWATER DR. Suite, Apt. #, etc.
--	--

☒ CHECK HERE IF MAKING CHANGES

City & State HEATHROW, FL	City & State HEATHROW, FL
Zip 32746	Zip 32746
Country USA	Country USA

4. FEI Number 65-0998811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZYNE, PHILIP M 1461 BLUE ROAD CORAL GABLES FL 33146

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1978 BRIDLEWATER DR. City HEATHROW FL Zip Code 32746

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE BY: PHILIP M. ZYNE Signature, typed or printed name of registered agent and title if applicable.	DATE 4/7/03 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME ZYNE, PHILIP M	
STREET ADDRESS 1461 BLUE ROAD	
CITY-ST-ZIP CORAL GABLES FL 33146	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" 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	
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 607, 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 BY: PHILIP M. ZYNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/7/03	DAYTIME PHONE # (607) 833-8951
--	-----------------------	--

CR2E034 (10/02)