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(9/01)

CR2E034

2002 Uniform Business Report (UBR)

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

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** P00000062975 1. Entity Name I-09-2002 91190 047 ***150 CZECHMADE BUILDERS, CORP. Principal Place of Business Mailing Address 37 SW 12 STE.#2 37 SW 12 STE.#2 DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 37 SK SK 12T TH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-1023256 TANIA Not Applicable DAWIA Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent -Name ZUBICEK, JAN MR. Street Address (P.O. Box Number is Not Acceptable) 37 SW 12 STE.#2 DANIA FL 33004 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VΡ ☐ Addition TITLE ☐ Delete TITLE Channe KRATOCHVIE. DAVID NAME NAME 1429 ARTHUR ST., APT 14 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE POPEK, ALES NAME NAME 2437 TAFT ST., APT 12 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Addition: TITLE ☐ Delete TITLE "M'Change VALKOVA, JANA NAME NAME 2318 COLIDGE PT STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TIT! F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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