## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 19, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P00000067506 DOCUMENT # 1. Entity Name 03-19-2003 90093 029 \*\*\*150.00 SUKOL SCIENTIFIC INCORPORATED Principal Place of Business Mailing Address 7760 W 20TH AVENUE 7760 W 20TH AVENUE **BAY 21** RAY 21 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 8000 GOVERNORS SQUARE BLVD SAMO AS Suite Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-1043899 Not Applicable 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 TRESPALACIOS, FRANCISCO TRESPALACIOS, FRANCISCO Treet Address (P.O. Box Number is Not Acceptable) 7760 W 20TH AVENUE, BAY 21 HIALEAH FL 33016 Suite 105 MIAMI LAKES 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 famillar the obligations of registered agent. Signature, typed or printed name of registered agent and ti (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition TRESPALACIOS, FRANCISCO NAME NAME 7760 W. 20TH AVENUE, BAY 21 STREET ADDRESS STREET ADDRESS 8000 GOVERNORS SQUARE BLVG. 5-105 CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP MIAMI LAKOS - FL 33016 TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME BERRIOS, ENRIQUE A NAME STREET ADDRESS 5901 NW 15AST STREET, #203 STREET ADDRESS CITY-ST-7IP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

indicated on this report or supplemental report is true and accurate and this 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 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

CITY-ST-ZIP

march 14 TH- 2003 362