9/8/2002-90123-019-\$550,00-\$550.00 2002 UNIFORM BUSINESS REPORT (UBR) FILFD P01000084142 **DOCUMENT#** 02 OCT -9 PM 1:33 1. Entity Name GELU BLAGNICEANU, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1940 MADISON STREET 1940 MADISON STREET APARTMENT #5 APARTMENT #5 B0136682 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 1940 MADISOLO ST. #5 MARISON JA Suite, Apt. #, etc. Suite, Apt. #, etc. HOCE YEOD DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number POLLYKOOP Applied For 10ce 4 wood FEOLIPA 65/135747 Not Applicable Zip 33020 Country 33020 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent BLAGNICEANU, GELU BURGINEEAWL Street Address (P.O. Box Number is Not Acceptable) 1940 MADISON STREET APARTMENT #5 HOLLYWOOD FL 33020 Zip Code 020 10CL Y KOOD 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 SIGNATURÉ 🚣 " GEW SURBLICEME 08.16.2002 agent and tale it applicable 1992 (2000 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees ER VIOLENCE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IN PRESIDENT TITLE ☐ Delete TITLE NAME GELU BLAGNICEANU 1940 MADISON STR #5 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YOUCHWOON, FL 33020 CITY-ST-21P TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DTLE ☐ Delete TITLE NAME ☐ Addition ☐ Change

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 (904) 921

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP