

To:

From: Spiegel & Utrera

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90155 022 ***150.00

DOCUMENT # P04000053344

1. Entity Name

POKERTHINK, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI BEACH

Suite, Apt. #, etc.

#2746

3. Mailing Address

16400 COLLINS AVE

Suite, Apt. #, etc.

#2746

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

51-0502666

Applied For

Not Applicable

Zip

33160

Country

US

Zip

33160

Country

US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th FloorCity
Miami

FL

Zip Code
33145DO NOT WRITE
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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C.O.P.S.T.
DAVID KWARTLEN
16400 COLLINS AVE #2746
MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

DAVID KWARTLEN

Date

4.27.05

Daytime Phone #

305.206.4188