2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033209 Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** SANKO, INC. 01-22-2000 90026 029 ***150.00 Mailing Address Principal Place of Business 631 E. DANIA BEACH BLVD. 631 E. DANIA BEACH BLVD. DANIA FL 33004 DANIA FL 33004-3018 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0411028 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRIAKO, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 211 S OCEAN DR #404 HOLLYWOOD FL 33019 Zip Code 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, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME KIRIAKO, SHIRLEY STREET ADDRESS STREET ADDRESS 631 E DANIA BCH BLVD CITY-ST-ZIP CITY-ST-ZIP DANIA BCH FL 33004 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME PELLITERI, BENNY STREET ADDRESS STREET ADDRESS 604 NE 2ND ST., #131 CITY-ST-ZIP CITY-ST-ZIP DANIA BCH FL 33304 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME KIRIAKO, JOHN STREET ADDRESS STREET ADDRESS 15819 MUIRFIELD DR CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME KIRIAKO, WILLIAM STREET ADDRESS STREET ADDRESS 870 PARK RD., #7-37 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if modern described in the certify that the information 13. I hereby certify that the information supplied with this f

13. Thereby certify that the information supplies with this first detail in the incident of the indicated on this report of supplies the 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 feetiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an abdress, with all print like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan som

951.925.4594

Daytime Phone #