2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000045266 Feb 16, 2000 8:00 am 1. Entity Name STAMAK INTERNATIONAL, INC. **Secretary of State** 02-16-2000 90064 018 ***150.00 Mailing Address Principal Place of Business 7006 STAPOINT COURT 7006 STAPOINT COURT SUITE D WINTER PARK FL 32792-8206 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3 19 1392 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - L'Avoir 180 LAVOIE, JACK M Street Address (P.O. Box Number is Not Acceptable) 7006 STAPOINT CT STE D WINTER PARK FL 32792 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TRESIDENT TIT) E ☐ Defete TITLE LAVOIE, JACK M NAME NAME JACK H. LAVOIL 6937 Stappint court Suite A 7006 STAPOINT COURT STE D STREET ADDRESS STREET ADDRESS Winter PARK FL CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP Change Addition ☐ Delete TITLE Vice President TITLE LAVOIE, TRACY NAME TRACY LAVOIR NAME 6937 Stapoint court Suite A 7006 STAPOINT COURT STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Sale of the sale of NAME NAME Forest Nation STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete [7] Change TITLE 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 expowered to 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 attachmen with an address, with all other like empowered.