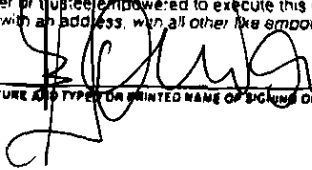


2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90116 026 ***150.00

DOCUMENT # 1. Entity Name LINKSWITCH CORP.		p95000067978	
Principal Place of Business 29 Venetian Way #8 Miami Beach FL 33139		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Co.	Country	Zip	Country
4. REI Number 65-06 04 277		Add. to For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVARY RENEE 29 VENETIAN WAY #8 MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ (Signature and printed name of registered agent or director acceptable) (NOTE: Registered Agent's signature required when replacing) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE: PD NAME: Renee SAVARY STREET ADDRESS: 29 Venetian Way #8 CITY-STATE-ZIP: Miami Beach FL 33139 ☐ Delete		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Delete		☐ Change ☐ Addition	
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TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Delete		☐ Change ☐ Addition	
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 in 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 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		RENEE SAVARY	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04.26.2000	

DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

 TITLE: PD
 NAME: Renee SAVARY
 STREET ADDRESS: 29 Venetian Way #8
 CITY-STATE-ZIP: Miami Beach FL 33139
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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Clerk or Printer