

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092376.
Entity Name
Link General Services, Corp

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90073 026 ***150.00

1. Principal Place of Business
10144 Boca Entrada Blvd
217
Boca Raton, Fl. 33428

2. Mailing Address
10144 Boca Entrada Blvd
217
Boca Raton, Fl. 33428

3. Principal Place of Business
605 Pacific Blvd.
Suite, Apt. #, etc.
3205
City & State
Boca Raton, Florida

4. Mailing Address
5605 Pacific Blvd.
Suite, Apt. #, etc.
3205
City & State
Boca Raton, Florida

5. Zip
3433
Country,
Country

DO NOT WRITE IN THIS SPACE

819925

6. Name and Address of Current Registered Agent
Mauricinea Souza
10144 Boca Entrada Blvd.
217
Boca Raton, Fl. 33428

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. Mauricea Souza 10144 Boca Entrada Blvd. # 217 Boca Raton, Fl. 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mauricea G. Souza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)