

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90129 020 \*\*\*150.00

DOCUMENT # P95000092376

1. Entity Name

Link General Services Corp. ✓

Principal Place of Business

Mailing Address

5589 Pacific Blvd.  
no. 3603  
Boca Raton, FL  
334835589 Pacific Blvd.  
no. 3603  
Boca Raton, FL  
33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0623034

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mauricinea Souza  
10144 Boca Entrada Blvd.  
#217  
Boca Raton, FL 33428

Name Evandro Paulo Castro

Street Address (P.O. Box Number is Not Acceptable)

2620 Hayes Street

City Hollywood

FL

Zip Code  
33020

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

Mauricinea G. Souza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-24-01

DATE

9. 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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May B  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P. Souza Mauricinea ☒ Delete  
STREET ADDRESS 10144 Boca Entrada Blvd.  
CITY-ST-ZIP #217  
Boca Raton, FL 33428TITLE  
NAME P. Evandro Paulo Castro ☒ Change ☐ Addi  
STREET ADDRESS 2620 Hayes Street  
CITY-ST-ZIP Hollywood, FL 33020TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addi  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addi  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addi  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addi  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addi  
STREET ADDRESS  
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-01 (305) 682-1655

Date

Daytime Phone #