FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P95000097146 1. Entity Name MENKAR CORPORATION 05-13-2002 90085 039 ***150.00 Principal Place of Business Mailing Address 2721 NW 106 AVENUE 2721 NW 106 AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 550 SE 184 550 SE STREKT Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0645528 <u>Jania</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Broward Browler 33004 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNA, MARTIN J Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DR. #214 **CORAL SPRINGS FL 33071** 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10.-Election:Campaign:Financing After May 1, 2002 Fee will be \$550.00 \$5:00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BREENHOUSE, DOROTH HID GREENHOUSE, DOROTH HID 550 SE 13+L STREET # 10 DANIA BEACH, FL. 33004 TITLE ☐ Delete TITLE CR2E034 (9/01 GREENHOUSE, DOROTHY L NAME NAME 2721 NW 106 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE EENHOUSE, DAVIDE Change greenhouse, david w NAME NAME STREE STREET ADDRESS 2721 NW 106 AVENUE STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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)(1), 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

SIGNATURE: