

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023955

1. Entity Name

MICROLINK INTERNATIONAL, INC.

Principal Place of Business

9000-B N. FLORIDA AVE
TAMPA FL 33660-4

Mailing Address

P.O. BOX 82808
TAMPA FL 33682-2808

2. Principal Place of Business

9000 N. FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE C

City & State

TAMPA FLORIDA

Zip

Country

33604 USA

Zip

Country

4. FEI Number

65-0652752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLARINWA, PERRY G
11013 SPRINGRIDGE DR
TAMPA FL 33624

Name

BOLARINWA, PERRY G.

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

11323 HOLLYGLEN DRIVE

City

TAMPA

FL

Zip Code

33624

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

Bolarinwa PERRY BOLARINWA

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

(NOTE: Registered Agent signature required when reinstating)

04/20/2000

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, 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 IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLARINWA, PERRY G	
STREET ADDRESS	11013 SPRINGRIDGE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLARINWA, CAROLINE	
STREET ADDRESS	11013 SPRINGRIDGE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLARINWA, PERRY G	
STREET ADDRESS	11323 HOLLYGLEN DRIVE	
CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLARINWA, CAROLINE	
STREET ADDRESS	11323 HOLLYGLEN DRIVE	
CITY-ST-ZIP	TAMPA FL. 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bolarinwa PERRY BOLARINWA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90060 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)