

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-21-2002 90880 003 ***150.00

DOCUMENT # **P96000023955**

1. Entity Name

MICROLINK INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1936 W. MLK JR. BLVD.

3. Mailing Address

11323 HOLLYGLEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

HILLSBOROUGH

Zip

33624

Country

HILLSBOROUGH

4. FEI Number

65-0652752

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **PERRY BOLARINWA**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
PERRY G. BOLARINWA
11323 HOLLYGLEN DRIVE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
CAROLINE BOLARINWA
11323 HOLLYGLEN DRIVE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/02 813-876-4466

Daytime Phone #

CR2E0348 (12/01)