

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053599

1. Entity Name
CULTURELINK, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90106 043 ***150.00

Principal Place of Business 585 NW 129 AVE PEMBROKE PINES FL 33025 US	Mailing Address 585 NW 129 AVE PEMBROKE PINES FL 33028-3119 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 585 N.W. 129th Way	3. Mailing Address 585 N.W. 129th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028	Country USA
Zip 33028	Country USA

4. FEI Number 65-0677549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KIPROWSKI, PAUL A
10031 PINES BLVD
224
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME FARQUHAR-GUZMAN, BEATRIZ E	
STREET ADDRESS 17453 SW 19TH ST	
CITY-ST-ZIP MIRAMAR FL 33029	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Beatriz E. Guzman	
STREET ADDRESS 585 N.W. 129th Way	
CITY-ST-ZIP Pembroke Pines, FL 33028	

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: Beatriz E. Guzman **Beatriz E. Guzman, Pres.** 4/10/00 954 432-9266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)