

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # P97000005326**

1. Entity Name  
**LINK 2000 CORP.**

05-23-2001 90208 001 \*2,550.00  
 06-27-2001 90290 023 \*\*\*150.00

Principal Place of Business  
**1897 PALM BEACH LAKES BLVD.**  
**SUITE 226**  
**WEST PALM BEACH FL 33409**

Mailing Address  
**1897 PALM BEACH LAKES BLVD.**  
**SUITE 226**  
**WEST PALM BEACH FL 33409**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number **65-0724207**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WARNER & ASSOCIATES, CPA P**  
**1897 PALM BCH LKS BLVD #226**  
**W PALM BCH FL 33409**

## 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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRNOMARKOVIC, MARKO</b> <b>1897 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CRNOMARKOVIC MARKO 4-30-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
D#P97000005336  
772678

June 23, 2001

Division of Corporations  
P.O. Box ~~6327~~ 1500  
Tallahassee, FL 32310

RE: Authorized Signature

To Whom It May Concern:

Please be advised that the corporations you send back are managed and owned by USA Non-resident Aliens and we have no time to send documents in Europe to sign and receive them back in required time frame requested by you.

Companies will be signed as required by officer or owner and send to you with included late filing fee separately, upon receiving signed copies back from beneficiaries.

Thank you,

Tom Logar - Administrator