Zip Code

FL

| 2000 | <b>UNIFORM</b> | <b>BUSINESS</b> | REPORT | (UBR) |
|------|----------------|-----------------|--------|-------|
|      |                |                 |        |       |

## DOCUMENT # **P97000034488**

Country

SPEIGEL & UTRERA, P.A.

343 ALMERIA AVENUE CORAL GABLES FL 33134

6. Name and Address of Current Registered Agent

OLYMPS DOOR USA, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1907 ELMWOOD AVENUE TÁMPA FL 33605

Suite, Apt. #, etc.

City & State

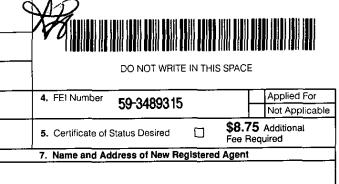
Zip

1907 ELMWOOD AVENUE TAMPA FL 33605-6623

FII FD

00 APR 27 AM 10: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA



City

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, typed or printed name of registered agent and the                               | lle if applicable. (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 | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00 | Election Campaign Financ     Trust Fund Contribution. | ing  | \$5.00 May Be<br>Added to Fees |

Country

Name

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

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete. TITLE TITLE -05/03/00--01076--012 CENTOFANI, JOSEPH J III NAME STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS 1907 ELMWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** P-T-D Vπ Change Addition □ Delete TITLE TITLE KOSUT, JOSEF NAME KOSUT, JOSEF NAME 1907 ELMODOS AVE. STREET ADDRESS STREET ADDRESS 1907 ELMWOOD AVENUE TAMPA, FL 33605 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 Addition Change n TITLE ☐ Delete TITLE KOSUTOVA, MARTA KOSUTOVA, MARTA NAME NAME TAMPA, FL 33605 STREET ADDRESS 1907 ELMWOOD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** ☐ Addition ☐ Change TITLE ☐ Delete TITLE KAJAN, ROMAN NAME NAME STREET ADDRESS STREET ADDRESS 1907 ELMWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** Change Addition D ☐ Delete TITLE TITLE STEFKO, IVAN NAME STREET ADDRESS 1907 ELMWOOD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 Change Addition ☐ Delete TITLE TITLE **GULYAS, PETR** NAME NAME STREET ADDRESS STREET ADDRESS 1907 ELMWOOD AVENUE

TAMPA FL 33605 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

17 APRIL 2000 435-603-0315