

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049991

1. Entity Name

CO-INC-E-D'INK, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90008 017 ***150.00

Principal Place of Business

Mailing Address

425 NE 4TH AVE
 SUITE C
 FT LAUDERDALE FL 33301
 US

425 NE 4TH AVE
 SUITE C
 FT LAUDERDALE FL 33301-3220
 US

2. Principal Place of Business

3. Mailing Address

247 SW 3rd Ave #16

247 SW 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL - Lauderdale, FL

#16

City & State

City & State

FL - Lauderdale, FL

FL - Lauderdale, FL

Zip

Zip

33312

33312

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIM, KURT M ESQUIRE
 1499 WEST PALMETTO PARK ROAD
 SUITE 180
 BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title 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.
 (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 ☐ Delete
 NAME D JACK, DANIEL
 STREET ADDRESS 425 NE 4TH AVE, SUITE C
 CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN JACK

4/25/00

954-525-9694

Date

Daytime Phone #

CR2E034 (9/99)