

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
 09-13-2000 90014 024 ***550.00

DOCUMENT # P97000071909

1. Entity Name
FLAPJACKS EYEWEAR INTERNATIONAL CORP.

Principal Place of Business

**3451 EXECUTIVE WAY
 MIRAMAR FL 33025**

Mailing Address

**3451 EXECUTIVE WAY
 MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0789316**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORLINSKY, SCOTT
19701 E COUNTRY CLUB DR
AVENTURA FL 33180

3451 EXECUTIVE WAY
MIRAMAR, FL 33025

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 *Scott Orlinsky*
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ORLINSKY, MYRON	
STREET ADDRESS	3451 EXECUTIVE WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATRAKA, PETER	
STREET ADDRESS	3451 EXECUTIVE WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLINSKY, MARC	
STREET ADDRESS	3451 EXECUTIVE WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLINSKY, SCOTT	
STREET ADDRESS	3451 EXECUTIVE WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: *Scott Orlinsky* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)