2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State OCUMENT # P.9700091349 BERKOOT EXPORT/IMPORT, INC. 05-09-2000 90016 005 ***150.00 Mailing Address incipal Place of Business P.O. Box 1791 5616 Granada Dr. #247 Sonasata FL. 34230 Sarasata FL 34231 3. Mailing Address 2. Principal Place of Business 60.B0x 5616 Granado, Dr. + 24 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>Sarasa</u> Sakasat Applied For 4. FEI Number 65-0793895 City & State Not Applicable 3423<u>(</u> \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 TITLE Popeskou Alexandre NAME 5616 Granada Dr.#247 STREET ADDRESS Sarasota, Fl, 34231 CITY-ST-ZIP TITLE Kadenko Iurii V.P. NAME 109/1 Matievich STREET ADDRESS Kishinney, Moldova, 2007 CITY-ST-ZIP TITLE ~ V.P Nicci L. Richards NAME 3920 Freedom Ave. STREET ADDRESS Sarasota, FL 34231 CITY-ST-ZIP TITLE gatawar (t. 1939) NAME ्रत्यक्षत्रभव्यक्षत्रीत्रक्षत्रभावे विके STREET ADDRESS ç : 1. 1. 3 May 1882 1882 1884 1 CITY-ST-ZIP TITLE Valed Tarmer Barran NAME Thomas Chakens, St. STREET ADDRESS **分的战功胜为多域形成** CITY-ST-ZIP TITLE TOTAL PROPERTY SINCE NAME programme to a " a " a " a STREET ADDRESS الماعان أباري بهزرانا 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date