FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P98000005585 CEDEK CORPORATION 04-04-2001 90495 034 ***150.00 Principal Place of Business Mailing Address 311 INLET WAY 311 INLET WAY 13 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business Mailing Address WAY Inlet Suite Ant. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Palm Beach 4. FEI Number Applied For 65-0824086 Shores FL Not Applicable \$8:75 Additional 5. Certificate of Status Desired 3404 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Byrov BYKOV, ANDREI Street Address (P.O. Box Number is Not Acceptable) 311 INLET WAY # 13 **RIVIERA BEACH FL 33404** 33404 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. 03.27.2001 (NOTE: Registered Agent signature required when reinstating) Signature, lyped or prifited 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change TITLE Delete TITLE BYROV ANDREI 311 Inlet WAY Palm Beach Shores FL 33404 BYKOV, ANDREI NAME NAME STREET ADDRESS STREET ADDRESS 135 BAMBOO ROAD CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 Change TITLE Delete TITLE BYKOV ANDREI BYKOV, ANDREI NAME NAME STREET ADDRESS STREET ADDRESS 311 INLET WAY # 13 CITY-ST-ZIP-Shores FL33404 DITY-ST-71E WEST PALM BEACH FL 33404 □ Change ☐ Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 27 2001

561-842-77-22

Daytime Phone #