2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000068808** May 02, 2000 8:00 am Secretary of State LUKAS PRINTS CORPORATION 05-02-2000 90161 004 ***150.00 Mailing Address Principal Place of Business 16461 BLATT BLVD. 16461 BLATT BLVD. APT 102 **APT 102** FORT LAUDERDALE FL 33326-1844 J.T. LAUDERDALE FL 33326 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 102 # 102 City & State Applied For City & State 4. FEI Number 65-0855175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUKAS, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 16461 BLATT BLVD. APT 102 FORT LAUDERDALE FL 33326 Veston 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE TITLE Delete LUKAS, EDWARD J NAME NAME 16461 BLATT BLVD. APT 102 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33326 CITY-ST-ZIP ☐ Change Addition UKAS EDWARD J TITLE 290 RACQUET Club Rd # 102 STREET ADDRESS STREET ADDRESS FL. -33326 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 empended 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

SIGNATURE:

with all other like empowered