2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 26, 2000 8:00 am Secretary of State DOCUMENT # P98000070601 1. Entity Name BAY AREA PRECIOUS METAL RECOVERY, INC. 02-26-2000 90030 010 ***150.00 Principal Place of Business Mailing Address 12 CLEARWATER MALL #222 12 CLEARWATER MALL #222 CLEARWATER FL 33764 **CLEARWATER FL 33764** 2. Principal Place of Business 3. Mailing Address 140 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt, #..etc 4. FEI Number Applied For 59-3530424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired SΑ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SZIRMAI, MIKLOS Street Address (P.O. Box Number is Not Acceptable) 20505 U.S. HWY 19 NO. #12-222 CLEARWATER FL FL337-64 Zip Code tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named en submits this MIKLOS SZIRMAI SIGNATURE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Addition ☐ Delete TITLE SZIRMAI, MIKLOS NAME NAME STREET ADDRESS 20505 U.S. 19 HWY NO. #12-222 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** ☐ Change ☐ Addition ☐ Delete TITLE 31717 SZIRMAI, CYNTHIA NAME NAME 20505 U.S. 19 HWY NO. #12-222 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 received or trusted 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 any address with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR