FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am P98000100423 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90095 005 ***150.00 KARPATY EXPORT AND IMPORT, INC. Principal Place of Business Mailing Address 2671 E. SARATOGA DRIVE 2671 E. SARATOGA DRIVE COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0880372 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIN, MITCHELL J ESQ Street Address (P.O. Box Number is Not Acceptable) 1290 E OAKLAND PARK BLVD., SUITE 101 FT. LAUDERDALE FL 33021 City 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 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <u>j1.</u> 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition **IWASKIEWYCH, JOHN** NAME NAME 2671 E. SARATOGA DRIVE STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition **IWASKIEWYCH, DANIEL** NAME NAME STREET ADDRESS 2671 E. SARATOGA DRIVE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition TD NAME IWASKIEWYCH, PETER NAME STREET ADDRESS 2671 E. SARATOGA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Addition ☐ Change TITLE ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #