2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

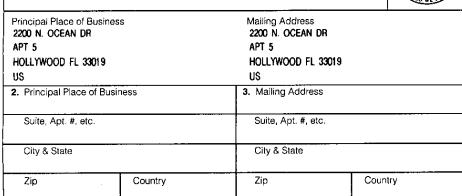
P98000101428 **DOCUMENT #**



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90118 029 ***150.00

1. Entity Name LINK, INC.		
Principal Place of Business	Mailing Address	
2200 N. OCEAN DR	2200 N. OCEAN DR	
ART 6	ADT F	



HOLLYWOOI	FL 33019		HOLLYWOOD FI	. 33019						
US 2. Principal Place of Business		3. Mailing Addre	US Mailing Address							
. гипсіраі	riace of Busi	1655	3. Mailing Addre	.00						
Suite, Apt. #, etc. Suite		Suite, Apt. #, e	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. F	4. FEI Number 65-0881991			plied For t Applicable	
Zip		Country	Zip	p Count		5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Curre				7. N	lame and Address of New Reg	istered Ag	ent	
	رد ⁻	. <u> </u>	Carlo Carlo	and the second	*Name					·
	e, rosema	RY			Street Address (P.O. Box Number is Not Acceptable)					
	ocean dr.									
HOLLYW	OOD FL 330	019								
					City		10.000	FL	Zip Code	•
	ations of regis		for the purpose of cha	anging its register	ed office or regis	stered age	ent, or both, in the State of Floric	la. I am far	niliar with, a	and accept
BIGNATORE	Signature, typed	or printed name of registered age	ant and title if applicable.	(NQTE: Registere	ed Agent signature requ	uired when rei	instating)	DATE		
Aft	er May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department					Election Campaign Finar Trust Fund Contribution.	icing		0 May Be to Fees
0. 1	•	OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	S IN 11
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

☐ Delete

Change

☐ Addition