2000 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2000 8:00 am Secretary of State DOCUMENT # 798000108228 07-17-2000 90116 019 ***150.00 SOPKA, INC. Principal Place of Business Mailing Address 230 SW 117 TERR#108 230 SW 117 TEKR #108 PEMBROKE PINES, FL PEMBROKE PINES, FL DOOGRIBA 330D S 33025 3. Mailing Address SII-C MEADOWLAND DR 2. Principal Place of Business 811-C MEADOWLAND DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0886961 City & State NAPLES Applied For PL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USÁ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOPKA PINAULT, DOMINIQUE 230 SW 117 TERRACE #108 PEMBROKE PINES, FL 33005 MAPLES 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. 6/21/00 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE SOPKA, MICHAEL NAME CR2E034 230 SW 117 TERR #108 811-C MEADOWLAND DR STREET ADDRESS STREET ADDRESS 33005 CITY - ST - ZIP SAPLES, FL 34108 CITY - ST - ZIP PEMBROKE PINES FL Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Change Delete ππε NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Delete TITLE TITLE 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 or on an attachment with an address, with all other like empowered. in Block 11 or Block 12 if changed SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED