

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90116 019 \*\*\*150.00

**DOCUMENT #** P98000108228  
 1. Entity Name  
**SOPKA, INC.** ✓

Principal Place of Business      Mailing Address  
 230 SW 117 TERR #108      230 SW 117 TERR #108  
 PEMBROKE PINES, FL      PEMBROKE PINES, FL  
 33025      33025

00068108

2. Principal Place of Business      3. Mailing Address  
 811-C MEADOWLAND DR.      811-C MEADOWLAND DR  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**NAPLES FL**      **NAPLES FL**      **65-0886961**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired       \$8.75 Additional  
**34108**      **USA**      **34108**      **USA**      Fee Required

6. Name and Address of Current Registered Agent  
**PINAULT, DOMINIQUE**  
**230 SW 117 TERRACE #108**  
**PEMBROKE PINES, FL**  
 33025

7. Name and Address of New Registered Agent  
 Name **MICHAEL SOPKA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**811-C MEADOWLAND DR**  
 City **NAPLES**      FL      Zip Code **34108**

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 *Michael Sopka*      DATE 6/21/00  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SOPKA, MICHAEL</b> <b>230 SW 117 TERR #108</b> <b>PEMBROKE PINES, FL 33025</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>811-C MEADOWLAND DR</b> <b>NAPLES, FL 34108</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.  
**SIGNATURE:** *Michael Sopka*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)