2001	UNIFORM BUSI	NESS REPO	RT (UBR) }	F	ILEI)			-
DOCUMENT # P99000021822 1. Entity Name DINOMAX MANAGEMENT INC.						Apr 17, 2001 08:00 AM Secretary of State					
Principal Plac		Mailing Address 1324 7 SPRINGS BLVD.,#322								-	
NEW PORT RI- 34655	CHEY FL	NEW PORT RICHEY 34655		FL							
2. Principal P	lace of Business PON AVE	3. Mailing Address 708 EAST TARPON AVE									
Suite, Apt. #, etc. suite 23		Suite, Apt. #, etc. surre 23				DO NOT WRITE IN THIS SPACE					
City & State TARPON SPRINGS FL Zip Country		City & State TARPON SPRINGS		FL		El Number -3563431			N	oplied For ot Applicable	
24689	Country	Zip 34689	Countr	У	5. 0	Certificate of Status	Desired		\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent SENDRA DANUTA 1324 7 SPRINGS BLVD,#322					DANU	ox Number is Not A					-
NEW PORT RICHEY FL 34655				SUITE 23						. .	
				City TARPON S	SPRINGS	_		FL	Zip Coo	le	
9. This corpo	named entity submits this statement for Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so.		Registered	Agent signature	required when rei	nstating) 10. Election Carr	- npaign Fina	04/17		 00 May Be	The second secon
. <u>.</u>	ia on back)	Make Check Payable				Trust Fund C	ontribution). L	⊥ Ådde	d to Fees	
11.	OFFICERS AND D		12.		ADI	DITIONS/CHANGE	S TO OFFI	CERS AN]_
NAME STREET ADDRESS CITY-ST-ZIP	BUDNIAK WALDEMAR 1710 SUNKISSED DR. TARPON SPRINGS	FL 34689	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENDRA DANUTA 1710 SUNKISSEDADR STE. 23 TARPON SPRINGS	□ Delete , FL 34689	TITLE NAME STREET	T ADDRESS	P SENDRA 1710 SUNKI: TARPON SP			FL	X Change 34689	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S						☐ Change	Addition	
of the cor changed,	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a:									
SIGNAT		NTED NAME OF SIGNING OFFICER OF	R DIRECTO	R	P	04/17/2 Date	2001		Daytime Phone #		