2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # P99000031779 **Secretary of State** 1. Entity Name BUKOVI INC. 03-15-2001 90196 034 ***150.00 Principal Place of Business Mailing Address 1710 N 62ND AVE 3350 SW 3RD BAY # 15 HOLLYWOOD FL 33024 FORT LAUDERDALE FL 33315 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 65-0906419 Not Applicable Zip Country Zip Country \$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 BUKOVI, EUGENE 🖟 ← Street Address (P.O. Box Number is Not Acceptable) 1710 N 62ND AVE HOLLYWOOD FL 33024 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 & Registered Agent signature required when reinstating) FILE NOW!!! FEE (\$ \$150.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. 11. CR2E034 (10/00 Delete TITLE ☐ Change ☐ Addition TITLE BUKORI, EUGENE S NAME NAME Bukovi STREET ADDRESS STREET ADDRESS 1710 N 62ND AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE TITLE ☐ Change ☐ Addition BUKORI, DEBRA A NAME STREET ADDRESS STREET ADDRESS 1710 N 62ND AVE corrections CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME 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-ZIP TITLE Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

PRINTED NAME OF SIGNING OF

CITY-ST-ZIP

SIGNATURE:

N 2/24

Daytime Phone #