## 2000 UNIFORM BUSINESS REPORT (UBR) 3/6/0 DOCUMENT # P99000038190 May 11, 2000 8:00 am Secretary of State DONAK, INC. 03-06-2000 90064 001 \*\*\*150.00 Principal Piece of Business Mailing Address 394 S. HIBISCUS DR. 394 S. HIBISCUS DR. MIAMI BEACH FL 33139-5134 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0925409 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required\_ 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent LEWIS, HAROLD L Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD. STE. 3608 2.400 MIAMI FL 33131 Zip Code City 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. . Lewis SIGNATURE Signature, typed or printed name of regi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intenglible 10. Election Campaign Financing \$5.00 May Be After IAAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPST TITLE Addition TITLE Delete KIPHIS, DONALD J MAME NAME STREET ADORESS STREET ADDRESS

394 S. HIBIS CUS DRIVE CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-70P CITY-ST-ZIP Addition Change TITLE ☐ Delete MALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIN F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST.7IP Addition Chance Delete TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defeit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P

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:

mild / Elmis, PRE

DONALD J. KIPNIS

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