2002 Uniform Business Report (UBR)

Mar 15, 2002 8:00 am Secretary of State DOCUMENT # P99000041906 1. Entity Name 03-15-2002 90025 011 ***150.00 BORIKEN, INC. Principal Place of Business Mailing Address 5234 MARINER BLVD 5234 MARINER BLVD **BROOKSVILLE FL 34609 BROOKSVILLE FL 34609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3580947 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, WILFREDO SR Street Address (P.O. Box Number is Not Acceptable) 18202 FLORTON DR SPRING HILL FL 34610 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 (9/01)TITLÉ TITLE Change ☐ Addition ☐ Delete NAME RODRIGUEZ, WILFREDO SR NAME CR2E034 STREET ADDRESS 18202 FLORALTON DR STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34610 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME rodrguez, evelyn g NAME 18202 FLORALTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34610** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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SIGNATURE: