2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P99000054500 1. Entity Name R & J BOHEMIA, INC. 04-26-2000 90038 004 ***150.00 Principal Place of Business Mailing Address THE FLAGLER AVE 3100 FLAGLER AVE KEY WEST FL 33040-4602 * WEST FL 33040 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-092 7031 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAULIK, ROMAN Street Address (P.O. Box Number is Not Acceptable) 3100 FLAGLER AVE KEY WEST FL 33040 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME PAULIK, ROMAN STREET ADDRESS STREET ADDRESS 510 MARGARET ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME CANKO, JAN STREET ADDRESS STREET ADDRESS 628 DUVAL ST APT 2 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP Change

Addition

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE: Roman Paulik Roman Paulik President 4-20-00 (305)296-826