2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am **DOCUMENT # \$69559 Secretary of State** PROTEK & ASSOCIATES, INC. 03-01-2001 91343 020 ***150.00 Principal Place of Business Mailing Address 817 NW 1ST STREET 817 N.W. 1ST STREET FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 Cu628482 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 65-0274852 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 BELGAU, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 817 N.W. 1ST STREET FT. LAUDERDALE FL 33311 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete Change ☐ Addition BELGAU, ROBERT J NAME STREET ADDRESS 817 NW 1ST STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP ST ☐ Delete TITI F Change Addition BELGAU, JEANNE NAME NAME STREET ADDRESS 817 NW 1ST STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-7IP TITLE 🖊 Delete TITLE Change Addition WILKINS, CHARLES NAME NAME 817 NW 1ST ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change 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.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Slavne Belgan Jeane Belgan

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

115/2001

954-467-0747

Daytime Phone #

☐ Change

☐ Addition