

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90002 005 ****55.00

DOCUMENT # L01000013859



1. Entity Name
SERGEY GURIN ENTERPRISES, LLC

Principal Place of Business

**20928 AVENUE RUN
BOCA RATON FL 33428**

Mailing Address

**20928 AVENUE RUN
BOCA RATON FL 33428**

2. Principal Place of Business

20950 Via Arakea Drive

3. Mailing Address

20950 Via Arakea Drive

Suite, Apt. #, etc.

Unit 3

Suite, Apt. #, etc.

Unit 3

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33428

Country

USA

Zip

33428

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1132511**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GURIN, SERGEY
1900 GLADES ROAD, SUITE 280
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **20950 Via Arakea Drive**

Street Address (P.O. Box Number is Not Acceptable)

Unit 3

City

Boca Raton

FL

Zip

33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sergey V. Gurin

SERGEY V. GURIN

1-28-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GURIN, SERGEY V	
STREET ADDRESS	20950-3 VIA AZELIA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sergey V. Gurin

Date

Daytime Phone #

1-28-03 (561) 901-9180

007209

CR2E083 (10/02)