


**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90156 022 \*\*\*\*55.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000013862**

1. Entity Name  
**AMERICAN NATIONAL EMPLOYMENT & TRAINING  
 AGENCY, LLC**



Principal Place of Business  
 1900 GLADES ROAD, SUITE 280  
 BOCA RATON, FL 33431

Mailing Address  
 1900 GLADES ROAD, SUITE 280  
 BOCA RATON, FL 33431

00040060

2. Principal Place of Business  
**20950 Via Azalea Drive**  
 Suite, Apt. #, etc.  
**Unit 3**

3. Mailing Address  
**20950 Via Azalea Drive**  
 Suite, Apt. #, etc.  
**Unit 3**



CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip Country  
**33428 U.S.A.**

Zip Country  
**33428 U.S.A.**

4. FEI Number  
**65-1132423**

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  
**GURIN, SERGEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20950 Via Azalea Drive**  
**Unit 3**  
 City  
**BOCA RATON FL** Zip Code  
**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 *Sergey Gurin* **2-20-2003**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$60.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GURIN, SERGEY V	20950-3 VIA AZELIA DRIVE	BOCA RATON, FL 33428	<input type="checkbox"/>
MGRM	SCHUMACKER, PAVEL G	1817 S. OCEAN DR., APT. 623	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
MGRM	FINLEY, CHANDLER R	710 WASHINGTON AVE S	MIAMI, FL 33139	<input type="checkbox"/>
MGRM	DIMITROV, VALENTIN I	8 BIELO POLE	BULGARIA, SOFIA	<input type="checkbox"/>
MGRM	DIMITROVA, VESSELKA M	8 BIELO POLE	BULGARIA, SOFIA	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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: *Sergey Gurin* **2-20-2003** (561) 901-9180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAY DAYTIME PHONE #

CRZE083 (10/02)