

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90211 026 ***150.00

USA/CR/AV

DOCUMENT # P0000067513



1. Entity Name
NIREX INTERNATIONAL CORPORATION

Principal Place of Business
**20930 N.E. 24TH COURT
NORTH MIAMI BEACH FL 33180**

Mailing Address
**20930 N.E. 24TH COURT
NORTH MIAMI BEACH FL 33180**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
20930 NE 24 CT
Suite, Apt. #, etc.

3. Mailing Address
20930 NE 24 CT
Suite, Apt. #, etc.

City & State
N. Miami Beach FL
Zip
33180
Country
Miami - Dade

City & State
N. Miami Beach FL
Zip
33180
Country
Miami - Dade

4. FEI Number
65-1039822

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZILBERMANN, SAVELY ZILBERMAN Savely
**20930 N.E. 24TH COURT
NORTH MIAMI BEACH FL 33180**

Name

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

City

FL

Zip Code

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 Savely Zilbermann SAVELY ZILBERMAN 1.16.03
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **TYURIN, ALEKSEY Y**
STREET ADDRESS **20930 N.E. 24TH COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **LILBERMAN, SANDY**
STREET ADDRESS **2093 NE 24 CT**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **ZILBERMAN Savely** Change Addition
NAME
STREET ADDRESS **Savely**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Savely Zilbermann SAVELY ZILBERMAN 1.16.03 305 931-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)