

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90007 018 ***150.00

0235819

DOCUMENT # P97000018087

1. Corporation Name

LAW OFFICES OF IRINA NEMTSEV, P.A.

Principal Place of Business

2020 NORTHEAST 163 STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address

2020 NORTHEAST 163 STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 20801 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 505

City & State

23 Aventura, Florida

Zip Country

24 33180

25

2a. Mailing Address

26 20801 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 505

City & State

28 Aventura, Florida

Zip Country

29 33180

30

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

65-0730580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NEMTSEV, IRINA ESQ.
2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Irina Nemtsev, Esq.

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

20801 Biscayne Blvd., Suite 505

83

Suite 505

84 City

Aventura

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Irina Nemtsev

IRINA NEMTSEV, President

DATE

04-06-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE
NAME NEMTSEV, IRINA
STREET ADDRESS 2020 NORTHEAST 163 STREET, SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition
1.2 NAME NEMTSEV, IRINA
1.3 STREET ADDRESS 20801 Biscayne Blvd., Suite 505
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irina Nemtsev

04-06-99

(305) 933-0439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRDEN34 (11/98)