

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 038 \*\*\*150.00

DOCUMENT # P98000017091

1. Entity Name

MOSKVICH-SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business 470 ANSIN BLVD. Suite, Apt. #, etc. SUITE: G City & State HALLANDALE, FL Zip 33009 Country USA		3. Mailing Address 470 ANSIN BLVD. Suite, Apt. #, etc. SUITE: G City & State HALLANDALE, FL Zip 33009 Country USA		4. FEI Number 65-0817112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name AMERILAWYER
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE
City CORAL GABLES
State FL
Zip Code 33134

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SEMENTSOV, ANDREY V. 470 ANSIN BLVD., SUITE: G HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

Andrey V. Sementsov

03/20/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)