

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90083 023 \*\*\*150.00

**DOCUMENT # F94000002918**

1. Entity Name  
**ECOSINTEZ (U.S.A.) CORPORATION**

Principal Place of Business Mailing Address  
**975 ARTHUR GODFREY RD. 975 ARTHUR GODFREY RD.**  
**STE. 211 STE. 211**  
**MIAMI BEACH FL 33140 MIAMI BEACH FL 33160-4531**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**409 POINCIANA ISL. DR. 409 POINCIANA ISL. DR.**

City & State City & State  
**SUNNY ISLES BCH, FL SUNNY ISLES BCH, FL**  
 Zip Zip  
**33160 33160**  
 Country Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1816609** 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  
**DOROFEEV, BORIS** Name  
**975 ARTHUR GODFREY RD.** Street Address (P.O. Box Number is Not Acceptable)  
**STE. 211**  
**MIAMI BEACH FL 33140** 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.  
 SIGNATURE **BORIS DOROFEEV, president** **04-28-00**  
 Signature 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. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOROFEEV, BORIS</b> <b>975 ARTHUR GODFREY RD., #211</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOROFEEV BORIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>409 POINCIANA ISL DR.</b> <b>SUNNY ISLES BCH, FL. 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PROSVETOVA, ALLA</b> <b>975 ARTHUR GODFREY RD., #211</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PROSVETOVA ALLA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>409 POINCIANA ISL. DR.</b> <b>SUNNY ISLES BCH, FL. 33160</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **BORIS DOROFEEV, president** **04-28-00**  
 Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)