2000 UNIFORM BUSINESS REPORT (UBR) Mar 31, 2000 8:00 am **BOCUMENT # G83310** 1. Entity Name **Secretary of State** SSIP, INC. 03-31-2000 90003 024 ***150.00 Mailing Address Principal Place of Business C/O SVETLANA FRIDMAN C/O SVETLAND FRIDMAN 111961 SW 20TH STREET 11961 SW 20TH STREET MIRAMAR FL 33025 MIRAMAR FL 33025 US 2. Principal Place of Business 3. Mailing Address Svetlana tridman DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2623178 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u.s Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name_ _ _ FRIDMAN, SVETLANA Street Address (P.O. Box Number is Not Acceptable) 11961 SW 20TH STREET MIRAMAR FL 33025 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition PTD Delete TITLE TITLE FRIDMAN, SVETLANA NAME NAME STREET ADDRESS STREET ADDRESS 11961 SW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 Change ☐ Addition Delete TITLE TITLE. FRIDMAN, PEYSAKH NAME NAME STREET ADDRESS STREET ADDRESS 11961 SW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 Change ☐ Addition TITLE ☐ Delete TITLE FRIDMAN, STANISLAV NAME NAME STREET ADDRESS STREET ADDRESS 11961 SW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete TITLE ☐ Change ☐ Addition TITLE FRIDMAN ILONA NAME NAME STREET ADDRESS STREET ADDRESS 11961 SW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Was Svetlana Fridman,

305-3 75

Addition

Daytime Phone #

☐ Change