

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90135 020 \*\*\*150.00

0111805

**DOCUMENT # G83310**  
 Entity Name  
**SSIP, INC.**

Principal Place of Business C/O SVETLAND FRIDMAN 11961 SW 20TH STREET MIRAMAR FL 33025 US	Mailing Address C/O SVETLAND FRIDMAN 11961 SW 20TH STREET MIRAMAR FL 33025 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Svetlana Fridman</b> Suite, Apt. #, etc. <b>11961 SW 20TH Street</b>	3. Mailing Address <b>c/o Svetlana Fridman</b> Suite, Apt. #, etc. <b>11961 SW 20TH Street</b>
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City & State <b>Miramar, FL.</b>	City & State <b>Miramar, FL</b>	4. FEI Number <b>59-2623178</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33025</b>	Country <b>U.S.</b>	Zip <b>33025</b>	Country <b>U.S.</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**FRIDMAN; SVETLANA**  
**11961 SW 20TH STREET**  
**MIRAMAR FL 33025**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD FRIDMAN, SVETLANA 11961 SW 20TH STREET MIRAMAR FL 33025</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS FRIDMAN, PEYSAKH 11961 SW 20TH STREET MIRAMAR FL 33025</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FRIDMAN, STANISLAV 11961 SW 20TH STREET MIRAMAR FL 33025</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIDMAN ILONA 11961 SW 20TH STREET MIRAMAR FL 33025</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Svetlana Fridman, Svetlana Fridman, 3/15/01, 332-8981  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)