

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90008 004 ****55.00

DOCUMENT # L01000013914

1. Entity Name

INTERNATIONAL FOUNDATION OF SCIENCE & EDUCATION, LLC



Principal Place of Business

1900 GLADES ROAD, SUITE 280
BOCA RATON FL 33431

Mailing Address

1900 GLADES ROAD, SUITE 280
BOCA RATON FL 33431

2. Principal Place of Business

22615 SW 66 AVE

3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 970399

Suite, Apt. #, etc.
STE. 304

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip Country
33428 U.S.

Zip Country
33428 U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1136711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GURIN, SERGEY
1900 GLADES ROAD, SUITE 280
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name GURIN, SERGEY
Street Address (P.O. Box Number is Not Acceptable)
22615 SW 66 AVENUE
STE. 304
BOCA RATON FL 33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sergey Gurin

3-16-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR GURIN, SERGEY V 1900 GLADES ROAD, 280 BOCA RATON FL 33431 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR SHUMLACHER, PAVEL G 1817 S. OCEAN DR. APT. 623 HALLANDALE FL 33009 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM DIMITROV, VALENTIN I 8 BIELO POLE SOFIA, BULGARIA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR FINLEY, CHANDLER R 710 WASHINGTON AVENUE, 5 MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or officer empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sergey Gurin

3-16-08 (561) 901-9180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)