

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000539

1. Entity Name
ARTEX GROUP, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 AM 11:02

Principal Place of Business
P.O. BOX 2725
ST. PETERSBURG FL 33701

Mailing Address
P.O. BOX 2725
ST. PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
841 4TH AVE NORTH

3. Mailing Address

Suite, Apt. #, etc.
ST. PET APT #42

Suite, Apt. #, etc.

City & State
ST. PETERSBURG

City & State

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

Zip
33701

Country
USA

Zip
33701

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCHOW, ALEX
405 CENTRAL AVE., #204
ST. PETERSBURG FL 33701

Name
LOCKOW, ALEX

Street Address (P.O. Box Number is Not Acceptable)
841 4TH AVE NORTH, APT 42

City **ST. PETERSBURG** FL Zip Code **33701**

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 *Alex Lochow* DATE 08/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **ARTAMONOV, ANDREY V**
CITY-ST-ZIP **42 DERZHAVINA STREET**
NOVOSIBIRSK, 630070 RUSSIA

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003410571-7
-10/02/00--01011--018
*******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alex Lochow* DATE 08/29/00 (127) 896-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (5/00)