

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 23, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000008284

1. Entity Name
MARIVAX, LLC

Principal Place of Business
25/55, KOMSOMOLSKAYA STREET
NOVOMOSKOVSK
UKRAINE 322010

Mailing Address
25/55, KOMSOMOLSKAYA STREET
NOVOMOSKOVSK
UKRAINE 322010

2. Principal Place of Business
1451 CYPRESS GREEK ROAD

3. Mailing Address
1451 CYPRESS GREEK ROAD

Suite, Apt. #, etc.
300-29

Suite, Apt. #, etc.
300-29

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33309

Country
US

Zip
33309

Country
US

4. FEI Number
98-0215108

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE
323012525

US

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

06/23/2000

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME TAGIRYANOV MARAT
STREET ADDRESS 24 BOZHENKO STREET, NOVOMOSKOVSK
CITY-ST-ZIP UKRAINE 322010

TITLE MGRM ☐ Delete
NAME IVANKO IVAN
STREET ADDRESS 25/55, KOMSOMOLSKAYA STREET
CITY-ST-ZIP UKRAINE 322010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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.