

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035805

1. Entity Name

SB ALGORITHMS, INC.

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90223 047 ***150.00

Principal Place of Business

Mailing Address

3630 NW 85TH WAY
SUITE 202
SUNRISE FL 33351

3630 NW 85TH WAY
SUITE 202
SUNRISE FL 33351

00016434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10901 NW 14th Street

10901 NW 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 431

Suite 431

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

Zip

Country

33322

USA

33322

USA

4. FEI Number

65-0999456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPOVALOV, INNA
LAW OFFICES OF INNA SHAPOVALOV, P.A.
16300 NE 19TH AVE., SUITE 250
NORTH MIAMI BEACH FL 33162

Name

Sergey Brzhosnevskiy

Street Address (P.O. Box Number is Not Acceptable)

10901 NW 14th Street

Suite 431

City

Plantation,

FL

Zip Code

33322

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-10-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRZHOSNEVSKY, SERGEY 3630 NW 85TH WAY SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP Sergey Brzhosnevskiy 10901 NW 14th Street # 431 Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-2001 951/236-9658

Date

Daytime Phone #

CR2E034 (10/00)