

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90251 002 ***150.00

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DOCUMENT # P00000044079
1. Entity Name
INTERNATIONAL INSTITUTE FOR HEALTH RISK ASSESSMENT, INC.



Principal Place of Business
3228 NE 15TH STREET
POMPANO BEACH FL 33005

Mailing Address
3228 NE 15TH STREET
POMPANO BEACH FL 33005



2. Principal Place of Business
2840 NE 14 ST
Suite, Apt. #, etc.
A-310

3. Mailing Address
2840 NE 14 ST
Suite, Apt. #, etc.
A-310

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Bch, FL
Zip
33062
Country

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Pompano Bch, FL
Zip
33062
Country

4. FEI Number 65-1010881

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PONOMAREVA, OLGA
3228 NE 15 ST
#1
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2840 NE 14 ST, # A-310
City Pompano Bch **FL** **Zip Code** 33062

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 *Olga Ponomareva, President of I I H R A, Inc.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> Delete
NAME PONOMAREVA, OLGA	
STREET ADDRESS 3228 NE 15TH STREET	
CITY-ST-ZIP POMPANO BEACH FL 33005	
TITLE DVS	<input type="checkbox"/> Delete
NAME GUDKEVICH, ALEXANDER	
STREET ADDRESS 3228 NE 15TH STREET	
CITY-ST-ZIP POMPANO BEACH FL 33005	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2840 NE 14 ST, # A-310	
CITY-ST-ZIP Pompano Bch, FL 33062	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2840 NE 14 ST, # A-310	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Olga Ponomareva* **04/14/03 (954) 786-0034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)