FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2001 8:00 am **DOCUMENT # P0000045702 Secretary of State** 1. Entity Name NIVA INTERNATIONAL, INC. 02-15-2001 90059 021 ***150.00 Principal Place of Business Mailing Address 2723 N.E. 164TH STREET 2723 N.E. 164TH STREET N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160 Principal Place of Business +23 \(\mathcal{L} \). 3. Mailing Address 2723 VE 1643 Freet DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For H.om. con Hi Not Applicable Country Dade \$8.75 Additional Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLYUSARCHUK, MAKSIM Street Address (P.O. Box Number is Not Acceptable) 2723 N.E. 164TH STREET N. MIAMI BEACH FL 33160 City 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. resident 02/0x/01 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Elena Paulov-vice-P Change CR2E034 (10/00) ☐ Delete TITLE NAME 2723 N.E. 164 Street NAME STREET ADDRESS STREET ADDRESS W. Hiani Beach F133160 CITY-ST-ZIP CITY-ST-ZIP Slyusarchus Hotsin - D □ Change Addition 2723 CE 1645 treat ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS c. Mlani Beach Fl 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Delete ☐ Addition TITL E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

ING OFFICER OR DIRECTOR