

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90034 021 ***163.75

DOCUMENT # P00000075966

1. Entity Name
INTERNATIONAL FINANCIAL & LEGAL SERVICES, INC.

Principal Place of Business

22615 SW 66 AVE
SUITE 304
BOCA RATON FL 33428

Mailing Address

22615 SW 66 AVE
SUITE 304
BOCA RATON FL 33428

2. Principal Place of Business

1900 GLADES ROAD
Suite, Apt. #, etc.
SUITE 280

3. Mailing Address

20928 AVENEL RUN
Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33428

Country

U.S.A.

City & State

BOCA RATON, FLORIDA

Zip

33428

Country

U.S.A.

4. FEI Number

65-1032587

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GURIN, SERGEY
22615 SW 66 AVENUE
SUITE 304
BOCA RATON FL 33428

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)

DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GURIN, SERGEY V	
STREET ADDRESS	22615 SW 66 AVE STE 304	
CITY-ST-ZIP	BOCA RATON FL 33428	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMITROV, VALENTIN I.	
STREET ADDRESS	8 BIELO POLE, SOFIA	
CITY-ST-ZIP	BULGARIA	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINLEY, CHANDLER R.	
STREET ADDRESS	710 Washington Ave, 5	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOUMIATCHER, PAVEL	
STREET ADDRESS	1817 S.Ocean Dr. 623	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMITROVA, VESSELKA M.	
STREET ADDRESS	8 BIELO POLE, SOFIA	
CITY-ST-ZIP	BULGARIA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
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.

SIGNATURE:

SIGNATURE RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2002

Date

(561) 361-0981

Daytime Phone #

CR2E034 (9/01)