

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90186 050 ***158.75

DOCUMENT # P00000094388

1. Entity Name
ALEKSANDR CORPORATION

Principal Place of Business 8641 C. BOCA GLADES BLVD. WEST BOCA RATON FL 33454	Mailing Address 8641 C. BOCA GLADES BLVD. WEST BOCA RATON FL 33454
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1515 N. Federal Hwy, Suite, Apt. #, etc. Suite 300 City & State Boca Raton, Florida	3. Mailing Address 8641 Boca Glades Blvd, W Suite, Apt. #, etc. Suite C City & State Boca Raton, Florida
Zip 33432 Country U.S.A.	Zip 33343 Country U.S.A.

4. FEI Number 65-1046903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GURIN, SERGEY V
8641 C. BOCA GLADES BLVD. WEST
BOCA RATON FL 33454

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 GURIN, SERGEY V. *S. Gurin* 01/11/2001
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DMITRIYENKO, ALEKSANDER 8641 C. BOCA GLADES BLVD. WEST BOCA RATON FL 33454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR ARZIMANOV, ALEKSANDER 230-Chekhova St. Apt. 31 Budyonnovsk, Russia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR GUDIMENKO, Guennadi 150 Krasnoarmeyskaiya Budyonnovsk, Russia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A

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: *Aleksandr I Dmitriyenko* ALEKSANDR I DMITRIYENKO 1-09-01 (561)482-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)