

# 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**

2. Principal Place of Business

**1515 N. Federal Hwy, Suite 300**

3. Mailing Address

**8641 Boca Glades Blvd. W.**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite C**

City & State

**Boca Raton, Florida**

City & State

**Boca Raton, Florida**

Zip

**33432**

Country

**U.S.A.**

Zip

**33343**

Country

**U.S.A.**

4. FEI Number

**65-1046903**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$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.**

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

(NOTE: Registered Agent signature required when reinstating)

**01/11/2001**

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 **D** ☐ Delete  
NAME **DMITRIYENKO, ALEKSANDER**  
STREET ADDRESS **8641 C. BOCA GLADES BLVD. WEST**  
CITY-ST-ZIP **BOCA RATON FL 33454**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Delete  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR ARZIMANOV, ALEKSANDER**  
STREET ADDRESS **230-Chekhova St. Apt. 31**  
CITY-ST-ZIP **Budyonnovsk, Russia**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR GUDIMENKO, Guennadi**  
STREET ADDRESS **150 Krasnoarmeyskaiya**  
CITY-ST-ZIP **Budyonnovsk, Russia**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
NAME **N/A**  
STREET ADDRESS **N/A**  
CITY-ST-ZIP **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALEKSANDR I DMITRIYENKO**

Date

Daytime Phone #

**1-09-01 (561)482-31-17**

CR2E034 (10/00)