2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90088 001 ***158.75

426000

DOCUMENT # P00000094725

1. Entity Name

CHIMKO U.S. CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1900 GLADES ROAD	11501 NW 4 STREET	
Suite, Apt. #, etc.: 280	Suite, Apt. #, etc.	
City & State: BOCA RATON, FLORIDA	City & State: PLANTATION, FLORIDA	4. FEI Number: 65-1046286 ☐ Applied For ☐ Not Applicable
Zip: 33431 Country: U.S.A.	Zip: 33325 Country: U.S.A.	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LATIFIAN, Onik

Street Address (P.O. Box Number is Not Acceptable): 1900 Glades Road

Suite 280

City: Boca Raton FL Zip Code: 33431

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: Onik Latifian Feb-20-2002

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	DIMITROVA, Vesselka	NAME	
STREET ADDRESS	8 Bielo Pole	STREET ADDRESS	
CITY-ST-ZIP	Sofia, Bulgaria	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DIMITROV, Valentin	NAME	
STREET ADDRESS	8 Bielo Pole	STREET ADDRESS	
CITY-ST-ZIP	Sofia, Bulgaria	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MAKARIEV, Martin	NAME	
STREET ADDRESS	1517 Bielovodskiy Put	STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	Sofia, Bulgaria	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Onik Latifian Feb-20-2002 (954) 536-8084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MR. ONIK LATIFIAN