

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90493 005 ***150.00

DOCUMENT # P00000097294

1. Entity Name

APM INTERNATIONAL GROUP, INC.

Principal Place of Business

547 DARKWOOD AVE
OCOE FL 34761

Mailing Address

547 DARKWOOD AVE
OCOE FL 34761

2. Principal Place of Business

5850 LAKEHURST DR

3. Mailing Address

5850 LAKEHURST DR

Suite, Apt. #, etc.

SUITE 150-34

Suite, Apt. #, etc.

SUITE 150-34

City & State

ORLANDO, FL 32819

City & State

ORLANDO, FL

4. FEI Number

59-3680666

Applied for

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOULIBEKOV, KYDYRJAN
547 DARKWOOD AVE
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

IGOR BAREYEV

Street Address (P.O. Box Number is Not Acceptable)

5850 LAKEHURST DR

SUITE 150-34

City

ORLANDO

Zip Code

32819

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 IGOR BAREYEV

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

(NOTE: Registered Agent Signature required when registering)

03.08.01

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	<input checked="" type="checkbox"/> Delete
NAME	BOULIBEKOV, KYDYRJAN	
STREET ADDRESS	547 DARKWOOD AVE	
CITY - ST - ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERNOVSKIY, ALEXANDER	
STREET ADDRESS	547 DARKWOOD AVE	
CITY - ST - ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAREYEV, IGOR	
STREET ADDRESS	547 DARKWOOD AVE	
CITY - ST - ZIP	OCOE FL 34761	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PRES. DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11004 GROVESHIRE COURT	
CITY - ST - ZIP	OCOE, FL 34761-5612	
TITLE	SEC. TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5850 LAKEHURST DR STE 150-34	
CITY - ST - ZIP		
TITLE	DIRECTOR - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNER KUSSAINOV	
STREET ADDRESS	812 GROVESMARK LOOP	
CITY - ST - ZIP	OCOE FL 34761-5619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGOR BAREYEV

03.02.01

DATE

321/2295441

DAY MONTH PHONE #

CR2E034 (10/00)