

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90200 018 ***150.00

DOCUMENT # P01000051465

1. Entity Name
F1 SOLUTIONS, INC.

Principal Place of Business
**1817 SOUTH OCEAN DRIVE #PH25
HALLANDALE FL 33009**

Mailing Address
**1817 SOUTH OCEAN DRIVE #PH25
HALLANDALE FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6704 CANARY PALM CIR
Suite, Apt. #, etc.

3. Mailing Address
6704 CANARY PALM CIR
Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
65-1107730

Applied For
Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEMTSEV, IRINA ESO
20801 BISCAYNE BLVD SUITE 505
AVENTURA FL 33180**

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** ☐ Delete
NAME **SYROYEZHKO, INNA**
STREET ADDRESS **1817 SOUTH OCEAN DRIVE #PH25**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

561-955-8515

Daytime Phone #

CR2E034 (9/01)