

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90958 020 \*\*\*158.75

**DOCUMENT # P01000096551**

1. Entity Name  
**BOCA RATON MEDICAL RESEARCH GROUP CORPORATION**



Principal Place of Business  
**1900 GLADES ROAD, SUITE 280  
BOCA RATON, FL 33431**

Mailing Address  
**1900 GLADES ROAD, SUITE 280  
BOCA RATON, FL 33431**

**90040249**

2. Principal Place of Business  
**1817 S. OCEAN DRIVE**  
Suite, Apt. #, etc.  
**623**

3. Mailing Address  
**1817 S. OCEAN DRIVE**  
Suite, Apt. #, etc.  
**623**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**HALLANDALE FL**

City & State  
**HALLANDALE FL**

Zip  
**33009** Country  
**U.S.A.**

Zip  
**33009** Country  
**U.S.A.**

4. FEI Number  
**65-1143681**

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  
1900 GLADES ROAD, SUITE 280  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent  
Name  
**TIMUR MUKHAMEDZYANOV**  
Street Address (P.O. Box Number is Not Acceptable)  
**1817 S. OCEAN DRIVE APT. 623**  
City  
**HALLANDALE FL** Zip Code  
**33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sergey V. Gurin* **SERGEY GURIN** **2/20/2003**  
(NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$560.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GURIN, SERGEY 1900 GLADES ROAD, SUITE 280 BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUKHAMEDZYANOV, TIMUR 20200 NE 27 COURT APT. G30 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with a new address, with all other like empowered.

SIGNATURE: *Sergey V. Gurin* **2/20/2003** **805-331-2275**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

CR2E034 (10/02)