

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90268 001 *****8.75
 04-17-2002 90268 002 ***150.00

DOCUMENT # P01000097256

1. Entity Name
EURODENT, INC.

Principal Place of Business

~~19426 NE 26 AVE STE 22~~
~~AVENTURA FL 33160~~

Mailing Address

~~19426 NE 26 AVE STE 22~~
~~AVENTURA FL 33160~~

2. Principal Place of Business
19464 NE 26 Ave.

3. Mailing Address
19464 NE 26 Ave.

Suite, Apt. #, etc.

#22

Suite, Apt. #, etc.

#22

City & State

Aventura, FL

City & State

Aventura

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

01-0576590

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABRAMOV, PAVELS
19426 NE 26 AVE STE 22
AVENTURA FL 33160

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 **ABRAMOV, PAVELS**
 STREET ADDRESS **19426 NE 26 AVE STE 22**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete
 NAME **SHCHEDRIN, SERGEY**
 STREET ADDRESS **1865 S OCEAN DR #7D**
 CITY-ST-ZIP **HALLENDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Pavels Abramovs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/02 305-931-1213

CR2E034 (9/01)