


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90104 001 ***150.00
01-14-2003 90104 002 ****8.75

DOCUMENT # P02000043296

1. Entity Name
B & M NEW LINE INC.



Principal Place of Business
1974 N.E. 147TH TERR
NO. MIAMI FL 33181

Mailing Address
1974 N.E. 147TH TERR
NO. MIAMI FL 33181

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
61-1411918

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRATTCHENKO, BORIS
2841 N.E. 163RD ST.
#407
NO MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name IGOR M. ZALYAPIN

Street Address (P.O. Box Number is Not Acceptable)
2841 NE 163RD STR

City North Miami Beach **FL** Zip Code 33160

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 [Signature] Igor M. Zalyapin, Pres. 01/09/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRATTCHENKO, BORIS	
STREET ADDRESS	2841 N.E. 163RD ST. #407	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASPARIAN, MIKHAIL	
STREET ADDRESS	3265 N.E. 167TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGOR M. ZALYAPIN	
STREET ADDRESS	2841 NE 163RD STR, #407	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: [Signature] BRATTCHENKO 01.09.03
(305) 905 8884

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

CR2E034 (10/02)