

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048583

1. Entity Name

LEMI TRADING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90004 042 ***150.00

Principal Place of Business

4300 SHERIDAN ST., SUITE 228
HOLLYWOOD FL 33021

Mailing Address

4300 SHERIDAN ST., SUITE 228
HOLLYWOOD FL 33021-3527

2. Principal Place of Business

Suite, Apt. #, etc.

11027 LONGBOAT DR

City & State
COOPER CITY

Zip
33026

Country

3. Mailing Address

Suite, Apt. #, etc.

11027 LONGBOAT DR

City & State
COOPER CITY

Zip
33026

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0600269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTSIKOV, MIKHAIL
4300 SHERIDAN ST SUIT 228
HOLLYWOOD FL 33021

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

04.28.00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARTSIKOV, MIKHAIL
4300 SHERIDAN ST., SUITE 228
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARTSIKOV MIKHAIL
11027 LONG BOAT DR
COOPER CITY FL 33026 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PLEKHANOV, ANDREI
7474 E ARKANSAS AVE #1206
DENVER CO 80231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STAROSTIN VITALIY
VOLGSKIY PROEZD 26
SARATOV REGION
ENGELS 412122 RU ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STAROSTIN VITALIY
VOLGSKIY PROEZD 26
SARATOV REGION
ENGELS 412122 RU ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

04.28.00

CR2E034 (9/99)