

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055955

1. Entity Name

AMERICAN LEADING TECH. CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90009 002 ***158.75

Principal Place of Business

Mailing Address

4800 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064
US

1610 SW 6TH AVE
POMPANO BEACH FL 33060-9016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4800 N. Federal Hwy
Lighthouse Point FL
33064
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0601550

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

TCHELTSOV, ALEX
1610 SOUTH WEST 6TH AVENUE
POMPANO BEACH FL 33060

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, 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

| | | |
|----------------|------------------|--|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | TCHELTSOV, ALEX | |
| STREET ADDRESS | 1610 SW 6TH AVE | |
| CITY-ST-ZIP | POMPANO FL 33060 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | KAZAKOV, IGOR | |
| STREET ADDRESS | 1610 SW 6TH AVE | |
| CITY-ST-ZIP | POMPANO FL 33060 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOROSHKOVA, ALEX | |
| STREET ADDRESS | #1/2 M. Predtechensky Per. | |
| CITY-ST-ZIP | Moscow Russia | |
| TITLE | VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dobjevitch, Dmitry | |
| STREET ADDRESS | 1610 SW 6th Ave | |
| CITY-ST-ZIP | Pompano FL 33060 | |
| 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 | | |

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 #

CR2E034 (9/99)