**FILED** 

Apr 25, 2003 8:00 am

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000072193  1. Entity Name SEMENOV & CO., INC.					Secretary of State 04-25-2003 90246 014 ***150.00		
Principal Place of Business 33 BOROYSKOE SHOSSE SUITE #218 MOSCOW. RUSSIA 11-9633		Mailing Address C/O OPPENHEIM & ASSOCIATES  OOD BRICKELL AVE SUITE #1115 MIAMI FL 33131 US					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Ron BRICKELL HE, STE. 707  Suite, Apt. #, etc.					
City & State		City & State			4. FEI Number 65-0611404		plied For t Applicable
Zip	Country .	Zip	Country		5. Certificate of Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Nam				7. Name and Address of New Registered Agent			
OPPENHEIM, STEVEN P C/O OPPENHEIM & ASSOCIATES				Street Address (P.O. Box Number is Not Acceptable)			
600 BRICKELL AVE SUITE #11.15 MIAMI FL 33131			So t	D BRICKELL AVE, STE. 707 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent a							
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of OFFICERS AND I		11.		Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICE	☐ Added	to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEMENOV, VIKTOR 33 BOROVSKOE SHOSSE, STE 2 MOSCOW, RUSSIA 11,9633	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	Appliford/offAndEd To Griffor	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SEMENOV, SERGEY 33 BOROVSKOE SHOSSE, STE 2 MOSCOW, RUSSIA FL 11-9633	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Oppenheim, Steven P <del>800 Brickell Ave, Ste 1115</del> Miami Fl 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800	BRICKELL AVE,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS EXTY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ 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 ment with an address, with all other like ampowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date of this test of the property of changed, or on an attach

SIGNATURE: