## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000076248**

S-WAY INTERNATIONAL, CO.

1111 KANE CONCOURSE STE. 204

## Principal Place of Business Mailing Address 1111-KANE-CONCOURSE-STE: 204 BAY HARBOR ISLAND FL 33154 BAY-HARBOR ISLAND FL 33180-1020 2. Principal Place of Business 3. Mailing Address 20930 NE 24 com # Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0611155 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALENTIK, VYACHESLAV Street Address (P.O. Box Number is Not Acceptable) 20930 N.E. 14TH COURT NORTH MIAMI BEACH FL 33180 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change Addition Delete TITLE TITLE VALENTIK, VYACHESLAV MAME 20930 N.E. 14TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITT: ST ZIP Change Addition TITLE IIILE ☐ Delete NAME STREET ADDRESS STAFFT STORFAN CITY-ST-ZIP ST-ZIP ☐ Change Addition Delete TITLE HILL NAME

i3. 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

STREET ADDRESS

CITY-ST-ZIP

THEFT ALMIRES

03.01.00

FILED

Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90078 006 \*\*\*150.00