

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90040 042 \*\*\*150.00

DOCUMENT # P96000003664

1. Entity Name

FOREXIM, INC.

Principal Place of Business

501 NW 52ND ST  
BOCA RATON FL 33487  
US

Mailing Address

SOUTH BROWARD ACCOUNTING SERVICE, INC.  
7777 N. DAVIE RD EXT. STE 102B  
HOLLYWOOD FL 33024-2523  
US

2. Principal Place of Business

3. Mailing Address

501 N.W. 52nd Street  
BOCA RATON FL 33487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

33487

Country

W. Palm Beach

4. FEI Number

65-0633830

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

ODUARDO, ELENA  
501 NW 52ND ST  
BOCA RATON FL 33487

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 PD  
NAME NAVRAJNYKH, VADIM  
STREET ADDRESS C/O 1113 NE 18TH STREET #207  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

☐ Delete

TITLE ST  
NAME ODUARDO, ELENA  
STREET ADDRESS 501 N W 52ND ST  
CITY-ST-ZIP BOCA RATON FL 33487

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/02-2000 (561)999-57