2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90470 027 ***150.00

0123132

DOCUMENT # P96000045506

1. Entity Name
SOLAR PLUS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1100 SOUTHEAST 5TH COURT #69 POMPANO BEACH FL 33060 US	1100 SOUTHEAST 5TH COURT #69 POMPANO BEACH FL 33060 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 S E 5th CT	1100 S E 5th CT
Suite, Apt. #, etc. # 57	Suite, Apt. #, etc. # 57
City & State POMPANO BEACH, FL	City & State POMPANO BCH, FL
Zip 33060 Country USA	Zip 33060 Country USA

4. FEI Number 65-0672462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILCHMAN, HOWARD J
7771 WEST OAKLAND PARK BLVD.
SUIT 122
FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

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, 2001 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	PD ROUNOV, ANDREI 1100 SOUTHEAST 5TH COURT, APT #69 POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OTETCHESTVENNYI, IGOR 1100 SOUTHEAST 5TH COURT, APT #69 POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X [signature] IGOR OTETCHESTVENNYI Mar 15, 01 954 784-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #