

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049286

1. Entity Name

LAW OFFICES OF INNA SHAPOVALOV, P.A.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90003 004 \*\*\*158.75

Principal Place of Business

16300 NE 19TH AVE  
250  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address

16300 NE 19TH AVE  
SUITE 250  
NORTH MIAMI BEACH FL 33162  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0670606

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

SHAPOVALOV, INNA  
16300 NE 19TH AVE  
SUITE 250  
N MIAMI BEACH FL 33162

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PSTD  
SHAPOVALOV, INNA  
16300 NE 19TH AVE, STE 206  
NORTH MIAMI BEACH FL ☐ 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  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 #

7/5/00 (305) 949-9616

LAW OFFICES OF  
**INNA SHAPOVALOV, P.A.**

Attachment  
D# P96000049286  
D0069897

16300 NE 19TH AVENUE, SUITE 250  
NORTH MIAMI BEACH, FLORIDA 33162  
TEL (305)949-9616 \* FAX (305)949-9617

July 5, 2000

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Law Offices of Inna Shapovalov, P.A.  
Document Number P 96000049286**

Dear Sir/Madam:

Please be advised that I mailed a Uniform Business Report with a check for \$150.00 to your office on or about April 13, 2000. It apparently was never received by your office. Enclosed please find copies of the documents previously mailed, as well as new original signed report and a new check. Please process this and send a certificate of status to the above address. Please do not hesitate to contact me if you have any questions. Thank you for your prompt attention.

Sincerely,



Inna Shapovalov

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049286

1. Entity Name

LAW OFFICES OF INNA SHAPOVALOV, P.A.

Attachment  
OT# P96000049286  
DUE 9897

Principal Place of Business

16300 NE 19TH AVE  
250  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address

16300 NE 19TH AVE  
SUITE 250  
NORTH MIAMI BEACH FL 33162-4898  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670606

Applied For ☒

Not Applicable ☐

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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7. Name and Address of New Registered Agent

SHAPOVALOV, INNA  
16300 NE 19TH AVE  
SUITE 250  
N MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SHAPOVALOV, INNA  
16300 NE 19TH AVE, STE 206  
NORTH MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 (305) 949-9616

Attachment  
D# D96UUX19286  
DW69897

2530

Law Offices Of Inna Shapovalov, P.A.

Ph. 305-949-9616

16300 NE 19th Ave., Suite 250

North Miami Beach, FL 33162

DATE 4/13/00

63-86514  
660

PAY  
TO THE  
ORDER OF

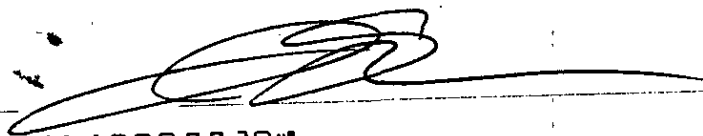
*Florida Department of State*  
*one hundred fifty and 00/100*

\$ 150.00

DOLLARS  Security features included. Details on back.

Northern Trust Bank of Florida N.A.  
Ft. Lauderdale, Florida

FOR *annual report fee*



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