2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE:

FILED DOCUMENT # **P96000049286** Jul 19, 2000 8:00 am 1. Entity Name LAW OFFICES OF INNA SHAPOVALOV, P.A. **Secretary of State** 07-19-2000 90003 004 ***158.75 Principal Place of Business Mailing Address 16300 NE 19TH AVE 16300 NE 19TH AVE SUITE 250 NORTH MIAM! BEACH FL 33162 NORTH MIAMI BEACH FL 33162 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0670606 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAPOVALOV, INNA Street Address (P.O. Box Number is Not Acceptable) 16300 NE 19TH AVE SUITE 250 N MIAMI BEACH FL 33162 Zip Code FL 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. **PSTD** Change Addition TITLE ☐ Delete TITLE SHAPOVALOV, INNA NAME NAME STREET ADDRESS STREET ADDRESS 16300 NE 19TH AVE, STE 206 CITY-ST-ZIP NORTH MIAMI BEACH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete T)T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE **3MAN** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 in

LAW OFFICES OF INNA SHAPOVALOV, P.A.



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

HHachment H+p9600W49286 DUX09897 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000049286 LAW OFFICES OF INNA SHAPOVALOV, P.A. Mailing Address Principal Place of Business 16300 NE 19TH AVE 16300 NE 19TH AVE SUITE 250 NORTH MIAMI BEACH FL 33162-4898 NORTH MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0670606 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHAPOVALOV, INNA 16300 NE 19TH AVE SUITE 250 Zip Code N MIAMI BEACH FL 33162 FL City 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change Delete TITLE **PSTD** TITI F MARKE SHAPOVALOV, INNA NAME STREET ADDRESS 16300 NE 19TH AVE,STE 206 STREET ADDRESS CITY-ST-7IP NORTH MIAMI BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Change Delete TITLE TJFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 excessiver 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 other certified and the excessive 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 CITY-ST-ZIP

all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

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| Ph. 305-949-9616 | 63-96514 |
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