

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90061 034 \*\*\*150.00

DOCUMENT # P96000067111

1. Entity Name  
**PROFEL, INC.**

Principal Place of Business  
**407 CENTRAL AVE**  
**204**  
**ST PETERSBURG FL 33701**

Mailing Address  
**PO BOX 2725**  
**ST. PETERSBURG FL 33701**

00083062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**841 4th AVE NORTH**  
 Suite, Apt. #, etc. **# 42**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG**

Zip  
**33701**

Country  
**USA**

City & State

Zip

Country

4. FEI Number **59-3375375**

Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOCHOW, ALEX**  
**407 CENTRAL AVE.**  
**#204**  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name **LOCHOW, ALEXANDER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**841 4th AVE NORTH, APT. 42**  
 City **ST PETERSBURG FL** Zip Code **33701**

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 *Alexander Lochow* DATE 08/29/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUMAGUINE, IGOR V PO BOX 2725 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOCHOW, ALEX PO BOX 2725 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alexander Lochow* DATE 08/29/00 (127) 896-7225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

09/01/2000 08:00

DOC# P96000067111

D0083062

**PROFEL, INC.**

P.O. Box 2725

St. Petersburg, FL 33731

(727) 896-7225; Fax (727) 896-7225

August 29, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P96000067111 - PENALTY WAIVER REQUEST

Dear Sir or Madam:

We respectfully request that you waive the \$400.00 late filing penalty, considering the above reasons. We are a small company with no activity at the moment and we cannot afford to pay \$550.00 annual fee for continuation of our corporate charter. If the penalty cannot be waved, please return our \$150.00 check, since we will have to decide about dissolution of the corporation.

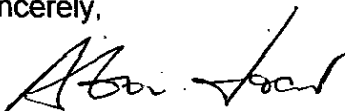
We apologize for being late, but this is the first time that we did not receive your form. Our address has not changed and the address in your records is correct, so we don't know why we never got the First Notice. We left several messages on your answering system but so far no one contacted us.

Now that we have received your report form requesting a penalty fee of \$550.00 and we have not responded to you immediately, as we have been considering dissolution of the corporation.

We promise to file all future annual reports on a timely basis and once again we request that you waive the \$400.00 penalty just this first year.

Thank you very much for your time and consideration given this matter.

Sincerely,



Alexander Lochow  
Registered Agent