

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90823 009 ***155.00

DOCUMENT # **P 96000073877**

1. Entity Name

ENTRIN, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2020 NE 163 st.

3. Mailing Address

2020 NE 163 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

suite 208-A

suite 208-A

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

4. FEI Number

65-0698587

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Tugay, Oleg

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

2020 NE 163 st., suite 208-A

City

N. Miami Beach

FL

Zip Code

33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **Tugay, Oleg**
STREET ADDRESS **2020 NE 163 st, suit 208-A**
CITY-ST-ZIP **N. Miami Beach, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **Shubina, Lyudmila**
STREET ADDRESS **2020 NE 163 st, suit 208-A**
CITY-ST-ZIP **N. Miami Beach, FL 33162**

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 apr. 2003

Date

(305) 3020637

Daytime Phone #

CR2E034B (12/02)