

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0088144

DOCUMENT # P96000096695

1. Entity Name

SIGMA INDUSTRIAL SERVICE, INC.

04-30-2001 90078 010 ***150.00

Principal Place of Business

Mailing Address

132 NE 1ST AVE
 HALLANDALE FL 33009
 US

132 NE 1ST AVE
 HALLANDALE FL 33009
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0713492**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GLAZER, ERIC M
 20801 BISCAYNE BLVD
 FOURTH FLOOR
 AVENUTRA FL 33180

Name **Sheldon Zepkin**
 Street Address (P.O. Box Number is Not Acceptable)
2020 NE 163 rd St. Suite 300
 City **North 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.

SIGNATURE **MAKSIM Stolyarov**, President **4/24/01**
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	P	<input type="checkbox"/> Delete
NAME	STOLYAROV, MAKSIM	
STREET ADDRESS	2610 NE 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STOLYAROV, LARISA	
STREET ADDRESS	2610 NE 7TH ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MOSS, LAWRENCE	
STREET ADDRESS	934 NE 26 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAKSIM Stolyarov** **4/24/01** **(954)456-1414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)