2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

132 NE 1ST AVE

P96000096695 DOCUMENT

1. Entity Name

132 NE 1ST AVE

Principal Place of Business

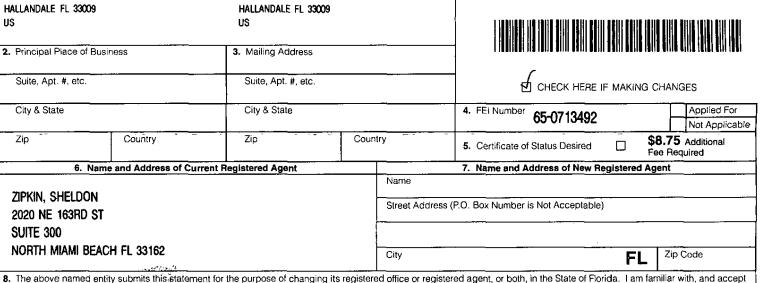
SIGMA INDUSTRIAL SERVICE, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90629 025 ***150.00





8.	The above named entity submits this	atement for the ourpose of changing its registered office or re	gistered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	4		
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SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLYAROV, MAKSIM 2610 NE 7TH STREET HALLANDALE FL 33009		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	V STOLYARON, LARISA 2610 N E 7 STREET HALLANDALE FL 33009		☐ Delete		V STOLYAROV, 2610 NE 7th HALLANDALE~	LARISA STREET	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSS, LAWRENCE 934 NE 28 AVE HALLANDALE FL 33009		☐ 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 STREET ADDRESS CITY-ST-ZIP		,	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

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 Block 11 if with all other like empowered

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR