

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000005984**

1. Entity Name

CHEZ NORAYR, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90038 011 ***150.00

0032856

Principal Place of Business

Mailing Address

20423 STATE ROAD 7
SUITE 189
BOCA RATON FL 3349820423 STATE ROAD 7
SUITE 189
BOCA RATON FL 33498**953490**

2. Principal Place of Business

3. Mailing Address

PO BOX 55626**PO BOX 55626**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. Petersburg, FL.**St. Petersburg, FL.**

City & State

City & State

33732 USA**33732 USA**

Zip

Country

Zip

Country

4. FEI Number

65-0727814

Applied For

Not Applicable

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

GUERASSIMENKO, LIOUBOV
20423 STATE ROAD 7
SUITE 189
BOCA RATON FL 33498

Name

GUERASSIMENKO - GEYER LIOUBOV

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

1536 78th Terrace N**St. Petersburg, FL 33702**

City

FL

Zip Code

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

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 State10. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **GUERASSIMENKO, LIOUBOV**
CITY-ST-ZIP **20423 STATE ROAD 7, #189**
BOCA RATON FL 33498TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **GUERASSIMENKO - GEYER, LIOUBOV**
CITY-ST-ZIP **PO BOX 55626**
St. Petersburg, FL 33732TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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: **Liubov Guerassimenko - GEYER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01 (727) 217-4474

Date

Daytime Phone #

CR2E034 (10/00)