

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044532

1. Entity Name

KRYLOV ENTERPRISES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90031 049 ***150.00

Principal Place of Business

4280 GALT OCEAN DR
#20J
FT LAUDERDALE FL 33308
US

Mailing Address

4280 GALT OCEAN DR
#20J
FT LAUDERDALE FL 33308
US

607752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4280 GALT OCEAN DRIVE
Suite, Apt. #, etc. # 20J

3. Mailing Address

4280 GALT OCEAN DRIVE
Suite, Apt. #, etc. # 20J

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0779009

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

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

KRYLOV, ALEXANDER
4280 GALT OCEAN DR
APT 20J
FT LAUDERDALE FL 33308

Name

Same

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

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)

ALEX Krylov

1/15/2001
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 NAME STREET ADDRESS CITY-ST-ZIP	D KRYLOV, ALEXANDER 4280 GALT OCEAN DR. APT 20J FT LAUDERDALE FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX Krylov

1/15/2001
Date

Daytime Phone #

CR2E034 (10/00)