

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90162 020 \*\*\*155.00

**DOCUMENT # P97000044532**

1. Entity Name  
**KRYLOV ENTERPRISES, INC.**



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**



2. Principal Place of Business  
**5840 NW 122 DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**5840 NW 122 DRIVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL Springs FL**  
Zip  
**33076**  
Country  
**USA**

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**CORAL Springs FL**  
Zip  
**33076**  
Country  
**USA**

4. FEI Number  
**65-0779009**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
**KRYLOV ALEXANDRE**

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

**5840 NW 122 DRIVE**

City  
**CORAL Springs FL** Zip Code  
**33076**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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  
**D** ☒ Delete  
NAME  
**KRYLOV, ALEXANDER**  
STREET ADDRESS  
**4280 GALT OCEAN DR. APT 20J**  
CITY-ST-ZIP  
**FT LAUDERDALE FL 33308**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D. P. KRYLOV ALEXANDRE** ☐ Change ☐ Addition  
NAME  
**5840 NW 122 DRIVE**  
STREET ADDRESS  
**CORAL Springs FL 33076**  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALEX Krylov** **02/01, 03 (954) 552-8752**

Date

Daytime Phone #

CR2E034 (10/02)