

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092709

1. Entity Name

KAZANPOLYTECHNICA USA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90013 013 ***150.00

Principal Place of Business	Mailing Address
46 BANNERWOOD LANE PALM COAST FL 32137	46 BANNERWOOD LANE PALM COAST FL 32164-8410

2. Principal Place of Business <i>PLAINVIEW DRIVE</i>	3. Mailing Address <i>PLAINVIEW DRIVE</i>
Suite, Apt. #, etc. <i>44-A</i>	Suite, Apt. #, etc. <i>44-A</i>

City & State <i>PALM COAST, FL</i>	City & State <i>PALM COAST, FL</i>
Zip <i>32164</i>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAVLINSKI, OLEG 4 BURNET PLACE PALM COAST FL 32137	Name <i>PAVLINSKI Oleg</i> Street Address (P.O. Box Number is Not Acceptable) <i>44-A PLAINVIEW DRIVE</i> City <i>PALM COAST</i> FL Zip Code <i>32164</i>

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVLINSKI, OLEG 4 BURNETT PLACE PALM COURT FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVLINSKI Oleg 44-A PLAINVIEW DRIVE PALM COAST, FL. 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PAVLINSKAIA, NATALIA 46 BANNERWOOD LANE PALM COURT FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PAVLINSKAIA NATALIA 44-A PLAINVIEW DRIVE PALM COAST, FL. 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *PAVLINSKI OLEG* **PAVLINSKI** 04/21/2000 (904) 447-8617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #