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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097349

1. Corporation Name

BERKOOT EXPORT-IMPORT INC

Principal Place of Business

3417 CLARK ROAD #218
SARASOTA FL 34231
US

Mailing Address

3417 CLARK ROAD
UNIT 218
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

65-0793895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

POPESKOU, ALEXANDRE
34187 CLARK RD #218
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME POPESKOUS, ALEXANDRE
STREET ADDRESS 3417 CLARK RD. UNIT 218
CITY-ST-ZIP SARASOTA FL 34231

TITLE VP ☐ DELETE
NAME KAOLENKO, IURII
STREET ADDRESS 109/1 MATIEVICH
CITY-ST-ZIP KICHEINEU MO MD-20

TITLE VP ☐ DELETE
NAME POLYAKOVA, NATASHA
STREET ADDRESS 12/1 MERCHA CEL BATREN DEPT. #2
CITY-ST-ZIP KISHINEU MO MD-20

TITLE D ☐ DELETE
NAME TOLMACH, GALINA
STREET ADDRESS 12/1 MERCHA CEL BATREN DEPT. #2
CITY-ST-ZIP KISHINEU MO MD-20

TITLE D ☐ DELETE
NAME Oleg Palchikov
STREET ADDRESS 40-25 KAYMO
CITY-ST-ZIP Shaulai Lithuania 405420

TITLE M ☐ DELETE
NAME SERGUEI POPESKOU
STREET ADDRESS 5616 Granada Dr #247
CITY-ST-ZIP Sarasota FL 34231

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ← KADENKO
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

04.14.99 927-6560

CR2E034 (1/198)