

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029042

1. Entity Name

A. MEDVEDEV & ASSOCIATES, P.A.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90011 034 \*\*\*150.00

Principal Place of Business

Mailing Address

151 LOS PINOS CT  
CORAL GABLES FL 33143  
US

151 LOS PINOS CT  
CORAL GABLES FL 33143-6424  
US

2. Principal Place of Business

19333 Collins Ave

3. Mailing Address

19333 Collins Ave

Suite, Apt. #, etc.

2510

Suite, Apt. #, etc.

2510

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0818972

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

WALD, EARL CPA  
9700 S DIXIE HWY  
SUITE 900  
MIAMI FL 33156

Name

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)

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, 2000 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 PD  
NAME MEDVEDEV, ALEXANDER ☐ Delete  
STREET ADDRESS 151 LOS PINOS CT  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE PD  
NAME MEDVEDEV, ALEXANDER ☒ Change ☐ Addition  
STREET ADDRESS 19333 Collins Ave, Apt. 2510  
CITY-ST-ZIP Sunny Isles Beach, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Alexander Medvedev* Alexander Medvedev

2/5/00

305-975 7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #