

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90019 016 ***158.75

DOCUMENT # P98000036583

1. Entity Name
FI CONSULT CORP.

Principal Place of Business 2971 FLUVIA ST. PORT ST. LUCIE FL 34953	Mailing Address 2971 FLUVIA ST. PORT ST. LUCIE FL 10312-3902
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2. Principal Place of Business Suite, Apt. #, etc. 1531 SE Port St. Lucie Blvd	3. Mailing Address Suite, Apt. #, etc. 1531 SE Port St. Lucie Blvd
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DO NOT WRITE IN THIS SPACE

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL	4. FEI Number 65-0832685	Applied For <input type="checkbox"/> Not Applicable
Zip 34952	Country	Zip 34952	Country

6. Name and Address of Current Registered Agent FIDELMAN, GRIGORIY 2971 FLUVIA ST. PORT ST. LUCIE FL 34953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Grigoriy Fidelity* DATE *02.28.2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 P	<input type="checkbox"/> Delete	TITLE FIDELMAN, GRIGORIY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIDELMAN, GRIGORIY		NAME	
STREET ADDRESS 2971 FLUVIA ST		STREET ADDRESS	
CITY-ST-ZIP PT ST LUCIE FL 34953		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIDELMAN, MIKHAIL		NAME	
STREET ADDRESS 2971 FLUVIA ST		STREET ADDRESS	
CITY-ST-ZIP PT ST LUCIE FL 34953		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *S. Grigoriy Fidelity* **President** *02.28.2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)