

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094582

1. Entity Name

MINSKREMSTROY-FLORIDA, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90154 046 \*\*\*150.00

Principal Place of Business	Mailing Address
7 FLORIDA PARK DRIVE SUITE 04 PALM COAST FL 32137	14 WESTMORLAND DRIVE PALM COAST FL 32164-4029

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		2 CARLSON PL	
City & State		PALM COAST PL	
Zip	Country	Zip	Country
32137		32137	FLAORER



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3555399		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				
7. Name and Address of New Registered Agent				
Name TAMARA BAIKOVA				
Street Address (P.O. Box Number is Not Acceptable) 2 CARLSON PL				
City PALM COAST FL Zip Code 32137				

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOLODINSKI, MIKHAIL	NAME	
STREET ADDRESS	14 WESTMORLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIKOVA, CAMARA	NAME	
STREET ADDRESS	14 WESTMORLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACIL, MACIAIKOV	NAME	
STREET ADDRESS	14 WESTMORELAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARA, BAIKOVA	NAME	
STREET ADDRESS	14 WESTMORLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	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: TAMARA BAIKOVA - v. president 4.10.00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)