

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90174 046 \*\*\*150.00

**DOCUMENT # P99000035381**

1. Entity Name

**VARIANT CORPORATION**

Principal Place of Business

Mailing Address

9350 SOUTH DIXIE HIGHWAY  
 PH2  
 MIAMI FL 33156

9350 SOUTH DIXIE HIGHWAY  
 PH2  
 MIAMI FL 33156-2944

2. Principal Place of Business

**1031 Ives Dairy Rd.**

3. Mailing Address

**17555 COLLINS AVE**

Suite, Apt. #, etc.

**Suite 225**

Suite, Apt. #, etc.

**# 1204**

City & State

**MIAMI BEACH, FL**

City & State

**SUNNY ISLES BCH, FL**

4. FEI Number

**65-0923648**

Applied For

Not Applicable

Zip

**33179**

Country

**USA**

Zip

**33160**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KATSMAN, MARK ESQ.**  
**9350 SOUTH DIXIE HIGHWAY**  
**PH2**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

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

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST<br/>KOROMYSLOV, VIKTOR<br/>9350 SOUTH DIXIE HIGHWAY<br/>MIAMI FL 33156</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KOROMYSLOV, VIKTOR<br/>9350 SOUTH DIXIE HIGHWAY<br/>MIAMI FL 33156</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>ERNEST BACKKARDINE<br/>9350 SOUTH DIXIE HIGHWAY<br/>MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 life empowered.

SIGNATURE: **X** **VIKTOR KOROMYSLOV, PRES.** **1/10/00** **742-4356**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)