2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 21, 2000 8:00 am
Secretary of State

05-10-2000 90115 041 ***150.00

DOCUMENT # P99000058863

1. Entity Name

FLASHMAN RUS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 110386 PALM BAY FL 32911	P.O. BOX 110386 PALM BAY FL 32911-0386

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
545 Delaney ave.	P.O. BOX 677095
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL.	City & State: ORLANDO, FL
Zip: 32801 Country: USA	Zip: 32867 Country: USA

4. FEI Number: 64-4623991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~AVTONOMOFF, BORIS~~
~~1079 GLENDALE AVE.~~
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name: avtonomov, Boris

Street Address (P.O. Box Number is Not Acceptable): 533 Madrigal ct

City: Orlando FL Zip Code: 32825

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Natalisa Ignatova / General manager / 533 Madrigal ct / Orlando FL 32825 ☐ 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
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #