

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90015 044 \*\*\*150.00

DOCUMENT # P99000104514  
1. Entity Name KYPC, INC. ✓

**DO NOT WRITE IN THIS SPACE**

425508

2. Principal Place of Business  
590 SE 12th St  
Suite, Apt. #, etc. 304

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

DO NOT WRITE IN THIS SPACE

City & State DANIA FL

4. FEI Number 65-0965861

Applied For  
Not Applicable

Zip 33004

Country FL Broward

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Alex Smolyakov  
Street Address (P.O. Box Number is Not Acceptable)  
3741 NE 163d STR #334  
City MIAMI FL Zip Code 33160

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] Alex Smolyakov DATE 3.1.02  
(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.

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>SKUDSKI, ANDREY</u> <u>16711 COLLINS AVE #2603</u> <u>MIAMI FL 33160</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>SMOLYAKOV, ALEX</u> <u>3741 NE 163d STR #334</u> <u>MIAMI FL 33160</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address with an office like empowered.  
SIGNATURE: [Signature] Alex Smolyakov DATE 3.1.02 DAYTIME PHONE # 305 940 6308  
(Signature typed or printed name of signing officer or director)