2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000105504** 1. Entity Name -JEREBI-GOLF-INC--04-11-2000 90026 014 ***150.00 Mailing Address Principal Place of Business 554402 BOCA ARBOR CLUB WAY 554402 BOCA ARBOR CLUB WAY **BOCA RATON FL 33433** BOCA RATON FL 33433 3. Mailing Address 2. Principal Place of Business Vorth Atlantic Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State FLORIDA 65-0985474 Not Applicable Country USA \$8.75 Additional Zìp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZHEREBKO, DENIS Street Address (P.O. Box Number is Not Acceptable) 554402 BOCA ARBOR CLUB WAY **BOCA RATON FL 33433** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) PD Change ☐ Delete TITLE TITLE ZHEREBKO, DENIS NAME NAME 554402 BOCA ARBOR CLUB WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE MALYCHKOV, IGOR NAME 554402 BOCA ARBOR CLUB WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE TUMBA, SVEN NAME NAME 1013 N. ATLANTIC DRIVE STREET ADDRESS STREET ADDRESS LANTANA FL 33461 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete маме NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

lenis Zherebro 03,09,2000: 7