

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V49631**

1. Entity Name

BAKOMOORF, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90311 050 ***150.00

00050387

Principal Place of Business

2270 N.W. 36 Street
Miami, Fl. 33142

Mailing Address

2270 N.W. 36 Street
Miami, Fl. 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Richard N. Friedman
9655 SO. Dixie Hwy., Suite 209
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	DPT	<input type="checkbox"/> Delete
NAME	Frank, Grigory	
STREET ADDRESS	2270 N.W. 36 St.	
CITY-ST-ZIP	Miami, Fl. 33142	
TITLE	D.V.P.	<input type="checkbox"/> Delete
NAME	Kotchetkov, Alexander	
STREET ADDRESS	2270 N.W. 36th St.	
CITY-ST-ZIP	Miami, Fl. 33142	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Orloff, Jerry	
STREET ADDRESS	431 Poinciana Island Dr., #4-A	
CITY-ST-ZIP	North Miami Beach, Fl 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

[Signature]
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President April 27, 2000

Date

305-635-0989

Daytime Phone #

CR2E034 (9/99)