

2000 UNIFORM BUSINESS REPORT (UBR)

6/7

DOCUMENT #N96000000275

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90007 002 \*\*\*\*70.00

INTERNATIONAL ADOPTION AGENCY

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Principal Place of Business: 370 COLLINS AV. #P 304 NORTH MIAMI BEACH FL 33160  
 Mailing Address: 19370 COLLINS AV. #P 304 NORTH MIAMI BEACH FL 33160

Principal Place of Business: 300 NE 19<sup>TH</sup> AVE  
 Mailing Address: 16300 NE 19<sup>TH</sup> AVE

City & State: NORTH MIAMI BEACH FL 33162  
 City & State: N. MIAMI BEACH FL 33162

Zip: 33162  
 Country: FL  
 Zip: 33162  
 Country: FL

4. FEI NUMBER: 65-1023309  
 31-15410051  
 Applied F.I. / Not Applicable

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

6. Name and Address of Current Registered Agent  
 7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (PO Box Number & Box Address) \_\_\_\_\_  
 16300 NE 19<sup>TH</sup> AVE  
 City: NORTH MIAMI BEACH FL Zip Code: 33162

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]* Date: *6/27/2000*

8. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
10. TITLE: PRESIDENT NAME: ZILIERI YANNA STREET ADDRESS: 19370 COLLINS AV. #P 304 CITY-STATE-ZIP: NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete <input type="checkbox"/> Addition
10. TITLE: VICE PRESIDENT NAME: TAMARA DOUGUSHINA STREET ADDRESS: 1711 COLLINS AV CITY-STATE-ZIP: NORTH MIAMI BEACH 33160	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE: TREASURER NAME: YELLI BOTICKY STREET ADDRESS: 19370 COLLINS AV CITY-STATE-ZIP: NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all corrections acknowledged.

SIGNATURE: *Tamara Dougushina* Date: *6/27/2000* Phone: *305-919-8080*

*Tamara Dougushina*

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