

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

R

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 19TH AVE
 Mailing Address: 16300 NE 19TH AVE

Suite, Apt. #, etc.: 241
 Suite, Apt. #, etc.: 241

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 19TH 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: D ZILIERI YANNA	TITLE: <input type="checkbox"/> Delete	NAME: _____
10. ADDRESS: 19370 COLLINS AV. #P 304 NORTH MIAMI BEACH FL 33160		STREET ADDRESS: _____	CITY-STATE-ZIP: _____
10. TITLE: VICE PRESIDENT	NAME: TAMARA DOUGUSHINA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
10. ADDRESS: 1711 COLLINS AV NORTH MIAMI BEACH 33160		STREET ADDRESS: _____	CITY-STATE-ZIP: _____
10. TITLE: TREASURER	NAME: VELLI BOTICBY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
10. ADDRESS: 19370 COLLINS AV NORTH MIAMI BEACH FL 33160		STREET ADDRESS: _____	CITY-STATE-ZIP: _____
10. TITLE: _____	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
10. ADDRESS: _____		STREET ADDRESS: _____	CITY-STATE-ZIP: _____
10. TITLE: _____	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
10. ADDRESS: _____		STREET ADDRESS: _____	CITY-STATE-ZIP: _____

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 the receiver 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 changes acknowledged.

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

Tamara Dougushina

CR2007 (999)