2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-30-2002 90096 012 ****61.25

89280

DOCUMENT # N98000000921

1. Entity Name

MAYA PLISETSKAYA AND RODION SHCHEDRIN INTERNATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
500 CANAL STREET NEW SMYRNA BEACH FL 32168	500 CANAL STREET NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

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 59-3498066 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREWER, MICHAEL L
500 CANAL STREET
NEW SMYRNA BEACH FL 32168

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 M L Brewer 4/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLISETSKAYA, MAYA THERESIEN STR. 23 MUNICH GERMANY 80333	Pres. ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHCHEDRIN, RODION THERESIEN STR. 23 MUNICH GERMANY 80333	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, MICHAEL L 500 CANAL STREET NEW SMYRNA BEACH FL 32168	Sec/Treas ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TCHELISTCHEFF, VICTOR 384 DESOTO DRIVE NEW SMYRNA BEACH FL 32168	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FETSCHER, SUZANNE 400 N. CHURCH ST, APT 214 CHARLOTTEE NC 28202	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIELS, ELGER HO FLAAN 215 LEIDEN, NETHERLANDS NL232- SR	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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 other like empowered.

SIGNATURE: M L Brewer SIGNATURE REQUIRED 5/10/02 (386) 423-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #