

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

02-26-2002 90164 027 ***150.00

DOCUMENT # P00000057031

1. Entity Name
PETRA US, INC.

Principal Place of Business
17070 COLLINS AVE., SUITE T-264
SUNNY ISLES BEACH FL 33160

Mailing Address
17070 COLLINS AVE., SUITE T-264
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business
210-174 Street
 Suite, Apt. #, etc.
1907

3. Mailing Address
P.O. Box 1991
 Suite, Apt. #, etc.

City & State
Sunny Isles, FL
 Zip
33160 Country
USA

City & State
Hallandale, FL
 Zip
33008 Country
USA

4. FEI Number
65-1020216

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOKAREV, MAXIM
17070 COLLINS AVE., SUITE T-264
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name
Kokarev Maxim
 Street Address (P.O. Box Number is Not Acceptable)
210-174 Street # 1907
 City
Sunny Isles Beach FL Zip Code
33160

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P MOUKHANOV, PETA 17070 COLLINS AVENUE T-264 SUNNY ISLES BCH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUKHANOV, ALEXANDRE 17070 COLLINS AVENUE T-264 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Moukhanov, Peter P.O. Box 1991 Hallandale, FL 33008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moukhanov, Alexandra P.O. Box 1991 Hallandale, FL 33008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kokarev, Maxim P.O. Box 1991 Hallandale, FL 33008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 **(305) 992-6730**
 Date Daytime Phone

CR2E034 (9/01)