2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90781 044 ***150.00

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DOCUMENT # P00000071901

1. Entity Name
CARAVAN PRODUCT, INC.

Principal Place of Business
231 174TH STREET, #808
SUNNY ISLES BEACH FL 33160

Mailing Address
231 174TH STREET, #808
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business	3. Mailing Address
16850 - 112 collins Ave	
Suite, Apt. #, etc. # 196	Suite, Apt. #, etc.
City & State Sunny Isles Beach, FL	City & State
Zip 33160 / Country Dade	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1027415 ☐ Applied For ☐ 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
NEMTSEV, IRINA ESQ. 19800 N.E. 10TH AVENUE N. MIAMI BEACH FL 33179	Name NEMTSEV, IRINA ESQ Street Address (P.O. Box Number is Not Acceptable) 3858 SHERIDAN STREET City Hollywood FL Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST LOPOVOK, ROMAN 2851 LEONARD DRIVE, #J406 AVENTURA FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAPOVOK ROMAN ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: SIGNATURE REQUIRED 04/10/03 (305) 7925324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ~~OR DIRECTOR~~ Date Daytime Phone #