
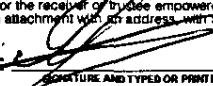


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**10097457**

<b>DOCUMENT # P97000104667</b>		
1. Entity Name <b>CAVIAR &amp; MORE MIAMI INC.</b>		
Principal Place of Business 687 N.E. 79TH STREET MIAMI, FL 33138		Mailing Address 687 N.E. 79TH STREET MIAMI, FL 33138
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
4. FEI Number <b>65-0814277</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MONTELLO, LOUIS R 701 BRICKELL AVENUE SUITE 1200 MIAMI, FL 33131		Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>		
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZASLAVSKY, MARK</b>	NAME
STREET ADDRESS	<b>687 N.E. 79TH STREET</b>	STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 33138</b>	CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELMAN, MARK</b>	NAME
STREET ADDRESS	<b>687 N.E. 79TH STREET</b>	STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 33138</b>	CITY-ST-ZIP
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YAROSHEVSKY, MARAT</b>	NAME
STREET ADDRESS	<b>210 174TH STREET, #1714</b>	STREET ADDRESS
CITY-ST-ZIP	<b>N MIAMI BEACH, FL 33160</b>	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		<b>YAROSHEVSKY, MARAT 04.28.03 (305)936-8554</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E034 (1/02)