

05-05-2003 91161 019 \*\*\*150.00

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

DOCUMENT # P98000027283

1. Entity Name  
ALYONA COMPANY

90130132

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
18801 COLLINS AVE  
 Suite, Apt. #, etc.

3. Mailing Address  
18801 COLLINS AVE  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NORTH MIAMI BEACH, FL  
 Zip 33160 Country

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 Zip 33160 Country

4. FEI Number 65-0821585  
 Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name YURY KALENDAREV  
 Street Address (P.O. Box Number is Not Acceptable)  
3440 NE 192ND ST, APT A 3L  
 City AVENTURA FL Zip Code 33180

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>P</u>	TITLE	
NAME	<u>YURY KALENDAREV</u>	NAME	
STREET ADDRESS	<u>3440 NE 192ND ST, APT A 3L</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>AVENTURA, FL 33180</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/25/03 (305) 935-5447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)