

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90360 043 \*\*\*158.75

DOCUMENT # **P98000062202**

1. Entity Name

**SERVI-PHONE USA, INC.**

752308

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**21190 MAIN SAIL CIRCLE**

3. Mailing Address

**21190 MAIN SAIL CIRCLE**

Suite, Apt. #, etc.

**A-12**

Suite, Apt. #, etc.

**A-12**

DO NOT WRITE IN THIS SPACE

City & State

**AVENTURA FL.**

City & State

**AVENTURA FL**

4. FEI Number

**65-0850242**

Applied For

Not Applicable

Zip

**33180**

Country

**DADE**

Zip

**33180**

Country

**DADE**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Semen Treskunov**

Street Address (P.O. Box Number is Not Acceptable)

**19448 NE 26 Avenue #73**

City

**Miami**

**FL**

Zip Code

**33180**

**DO NOT WRITE  
IN THIS SPACE**

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

*Semen Treskunov*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03.11.02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RASKIN MIKHAIL 21190 MAIN SAIL CIRCLE # A-12 AVENTURA FL. 33180</b>
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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:

*Mikhail Raskin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03.12.02 305-933-1777**

Date

Daytime Phone #

CR2E034B (12/01)