

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

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)