

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91179 018 \*\*\*150.00

**DOCUMENT # P00000002020**

**1. Entity Name**  
**SOUTHEAST ATLANTIC TOUR, INC.**



**Principal Place of Business**  
**3741 NE 163RD STREET, #147**  
**NORTH MIAMI BEACH FL 33160**

**Mailing Address**  
**3741 NE 163RD STREET, #147**  
**NORTH MIAMI BEACH FL 33160**

**2. Principal Place of Business**

**17555 COLLINS AVE**  
**Suite, Apt. #, etc.**  
**#1705**

**3. Mailing Address**

**17555 COLLINS AVE #1705**  
**Suite, Apt. #, etc.**



☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**SUNNY ISLES, FL**

**City & State**  
**SUNNY ISLES, FL**

**4. FEI Number** **65-0972171**

**Applied For**  
**Not Applicable**

**Zip**  
**33160**

**Country**  
**U.S.A.**

**Zip**  
**33160**

**Country**  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**SHAPOVALOV, INNA**  
**16300 NE 19TH AVE.**  
**SUITE 250**  
**NORTH MIAMI BEACH FL 33162**

**7. Name and Address of New Registered Agent**

**Name** **IRINA RUDNEVA**  
**Street Address (P.O. Box Number is Not Acceptable)** **17555 COLLINS AVE #1705**  
**SUNNY ISLES, FL**  
**City** **FL** **Zip Code** **33160**

**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** **02/26/03**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RUDNEV, VLADIMIR</b>	
<b>STREET ADDRESS</b>	<b>3741 NE 163RD STREET, #147</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH MIAMI BEACH FL 33160</b>	
<b>TITLE</b>	<b>VPT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RUDNEVA, IRINA</b>	
<b>STREET ADDRESS</b>	<b>3741 NE 163RD STREET #147</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH MIAMI BEACH FL 33160</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

**02/26/03** **(305) 792-0364**  
Date Daytime Phone #

CR2E034 (10/02)