

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90007 047 \*\*\*\*61.25

**DOCUMENT # 707885**

1. Entity Name

UKRANIAN-AMERICAN SENIOR SOCIETY, INC.

Principal Place of Business

8531 HARDING AVE  
 APT 11  
 MIAMI BEACH FL 33141  
 US

Mailing Address

8531 HARDING AVE  
 APT 11  
 MIAMI BEACH FL 33141  
 US

2. Principal Place of Business

MIAMI FLORIDA  
 Suite Apt. #, etc. 207

3. Mailing Address

MICHAEL KOWALCHUK  
 Suite Apt. #, etc. 207



DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

59-6476270

Applied For

Not Applicable

Zip

33141

Country

DADE

Zip

33141

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLAS, RAKUSH  
 8531 HARDING AVE #11  
 MIAMI BCH FL 33141

7. Name and Address of New Registered Agent

Name MICHAEL KOWALCHUK  
 Street Address (P.O. Box Number is Not Acceptable) 7850 BYRON AVE #207  
 City MIAMI BEACH FL Zip Code 33141

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 Michael Kowalchuk DATE 07/24/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLAS, RAKUSH	
STREET ADDRESS	8531 HARDING AVE	
CITY-ST-ZIP	N MIAMI BCH. FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KOWALCHUK, MICHAEL	
STREET ADDRESS	7850 BYRON AVENUE #207	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SERNA-SONIA	
STREET ADDRESS	6725 HARDING AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENGLOWSKY, MARIA	
STREET ADDRESS	1102 SEVILLA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORYS, DUBAK	
STREET ADDRESS	8020 ABBOTT AVE #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAKUSH, IRENE	
STREET ADDRESS	8531 HARDING AVE, #11	
CITY-ST-ZIP	MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholas Rakush	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Kowalchuk	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serna Sonia	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Wenglowskyj	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rakush Irene	
STREET ADDRESS		
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)(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 617, 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: Michael Kowalchuk DATE 07/09/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)