

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:46

DOCUMENT # 746110 (6)
1. Corporation Name
UKRANIAN BUSINESS AND PROFESSIONAL ASSOCIATION I NC.

Principal Place of Business Mailing Address
2850 TAYLOR ST HOLLYWOOD FL 33020 US **2850 TAYLOR ST HOLLYWOOD FL 33020 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1979** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2476280** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **29** Country **30** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARTIN, ROMAN
520 N. OCEAN BLVD., APT. #10
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *S. B. Morsham* DATE **2/19/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	CHOMIAK, VLADIMIR
STREET ADDRESS	1209 N.E. 13TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	PD
NAME	MARTIN, ROMAN
STREET ADDRESS	520 N. OCEAN BLVD., #10
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	VD
NAME	BALABAN, ROMAN
STREET ADDRESS	2514 TAYLOR ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	TD
NAME	HUMENIUK, PETER
STREET ADDRESS	632 N. 28TH AVE.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHOMIAK, VLADIMIR
1.3 STREET ADDRESS	1209 N.E. 13th Ave.
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAROSIEWICZ, BASILIO
4.3 STREET ADDRESS	2814 S.W. 67 WAY
4.4 CITY - ST - ZIP	MIRAMAR, FL 33023
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. B. Morsham* **President** DATE: **2/19/95** TELEPHONE: **(305) 785-6058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR