

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 746110 (6)**  
 1. Corporation Name

**UKRANIAN BUSINESS AND PROFESSIONAL ASSOCIATION I NC.**



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

3. Date Incorporated or Qualified: **02/28/1979**  
 3a. Date of Last Report: **04/07/1995**  
 4. FEI Number: **59-2476280**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOMIAK, VLADIMIR</b>	1.2 NAME	
STREET ADDRESS	<b>1209 N.E. 13TH AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, ROMAN</b>	2.2 NAME	
STREET ADDRESS	<b>520 N. OCEAN BLVD., #10</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALABAN, ROMAN</b>	3.2 NAME	
STREET ADDRESS	<b>2514 TAYLOR ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAROSIEWICZ, BASILIO</b>	4.2 NAME	
STREET ADDRESS	<b>2814 SW 67 WAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VD</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>HODIVSKA, KAY</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>4100 N. 58th Ave Apt. 102</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Hollywood, FL 33021</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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: Roman Martin Date: **8/6/96** Daytime Phone #: **(954) 785-5332**

CR2E037 (3/96)