

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014149

1. Entity Name

UNITED NATIONS INTERNATIONAL DRIVERS ASSOCIATION

Principal Place of Business

841 4TH AVENUE NORTH #42
ST. PETERSBURG FL 33701

Mailing Address

841 4TH AVENUE NORTH #42
ST. PETERSBURG FL 33701

2. Principal Place of Business

6263 CEDAR BROOK DR N 6263 CEDAR BROOK DR N

3. Mailing Address

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL PINELLAS PARK, FL

Zip

33782

Country

USA

Zip

33782

Country

USA

4. FEI Number

59-368-3668

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCHOW, ALEXANDER

841 4TH AVENUE NORTH #42

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Alexander ALEXANDER LOCHOW 04/09/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME LOCHOW, ALEXANDER
STREET ADDRESS 6263 CEDAR BROOK DR N
CITY-ST-ZIP PINELLAS PARK, FL 33782

☐ Delete

TITLE MGR
NAME DARYADEL, ARASH
STREET ADDRESS 22 ESSER COURT, STANTON RD
CITY-ST-ZIP LONDON, UK SW13

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

100004416321-9
-06/12/01--01064--026
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

100004416321-9
-06/12/01--01064--027
*****5.00 *****5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ALEXANDER LOCHOW (727) 415-0806

04/09/01

Daytime Phone #

0018261
AF

FILED
2001 MAY 10 AM 8:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)