

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014720

1. Entity Name

NINA VERIRICHI, L.L.C.

Principal Place of Business

7 VANDERBILT PL.
PALM COAST FL 32164

Mailing Address

7 VANDERBILT PL.
PALM COAST FL 32164

2. Principal Place of Business

3 CYPRESS & BRANCH WAY
Suite Apt. #, etc.
Suite 105

3. Mailing Address

SAME

City & State
PALM COAST, FL

City & State

Zip 32164 Country FLAGLER

Zip

Country

4. EIN Number

59-3743094

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent.

IVANOVSKAYA, NINA
7 VANDERBILT PL.
PALM COAST FL 32164

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

Prince Leung NINA IVANOVSKAYA, *manager* PRESIDENT 3-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E083 (9/01)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER
NINA IVANOVSKAYA
7 VANDERBILT PL. PALM COAST, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

32164

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

Prince Leung

3-01-02

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

Date

Daytime Phone #

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90181 031 ****55.00



DO NOT WRITE IN THIS SPACE