

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43545

1. Entity Name

INTELLIGENTSIA INTERNATIONAL, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90071 024 ****61.25

Principal Place of Business

Mailing Address

6017 NW 27TH TERR
GAINESVILLE FL 32606

P.O. BOX 1577
LABELLE FL 33975



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3067313

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPECE, JOHN C.
18 MARINA DRIVE
PORT LABELLE VILLAS
LABELLE FL 33935

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CAPECE, JOHN C.**
STREET ADDRESS **18 MARINA DRIVE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GLOVER, CAROLE**
STREET ADDRESS **837 WALKER RD.**
CITY-ST-ZIP **GREAT FALLS VA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SHARONOV, ANDREI**
STREET ADDRESS **STARAYA PLOCHAD**
CITY-ST-ZIP **MOSCOW RU**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SOLAREV, ILYA**
STREET ADDRESS **7 WORLD TRADE CENTER**
CITY-ST-ZIP **NEW YORK NY 10048-2627**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **VORONOV, SERGEI**
STREET ADDRESS **LEMIN ST, 46**
CITY-ST-ZIP **N. NOVGOROD RU**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

863-674-5727

Date

Daytime Phone #

CR2E037 (9/01)