

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001201 (3)

1. Corporation Name

FORMER SOVIET UNION FLORIDA CHAMBER OF COMMERCE,
INC.

Principal Place of Business

Mailing Address

1717 NORTH BAYSHORE DR.
SUITE 2000
MIAMI FL 33132

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SUITE 2000
MIAMI FL 33132
US



3. Date Incorporated or Qualified
03/09/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0408742

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

USHERENKO, VICTORIA
1700 N BAYSHORE
STE 2000
MIAMI FL 33132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BERNSTEIN, RICHARD
STREET ADDRESS 2801 S. BAYSHORE DR.
CITY-ST-ZIP COCONUT GROVE FL 33133

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME SCIARROTTA, JOE
STREET ADDRESS 80 S.W. 8TH ST., SUITE 1970
CITY-ST-ZIP MIAMI FL 33131

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME CHEVLIN, SANDFORD
STREET ADDRESS 2380 N.W. 39 AVE.
CITY-ST-ZIP COCONUT CREEK FL 33066

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME GIBSON, ROBERT
STREET ADDRESS 100 W. MCNAB RD.
CITY-ST-ZIP POMPANO BEACH FL 33069

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME SANFORD, CHEVLIN
STREET ADDRESS 409 NW 10 TERR
CITY-ST-ZIP HALLANDALE FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME KAPLAN, MORTY
STREET ADDRESS 1717 N. BAYSHORE DR., SUITE 2000
CITY-ST-ZIP MIAMI FL 33132

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTY KAPLAN

4/29/96

Date

305-539-8900

Daytime Phone #

CR2E037 (12/95)