

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90049 005 \*\*\*\*61.25

**DOCUMENT # N94000000727**

1. Entity Name

**RUSSIAN OUTREACH, INC.**

Principal Place of Business

3 N.E. 167TH STREET  
 SUITE 623  
 NORTH MIAMI BEACH FL 33162

Mailing Address

633 N.E. 167TH STREET  
 SUITE 623  
 NORTH MIAMI BEACH FL 33162

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

**65-0467299**

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

**BRYN, FELICIA**  
**633 N.E. 167TH STREET**  
**SUITE 625**  
**NORTH MIAMI BEACH FL 33162**

Name **BRYN, FELICIA**

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

**633 N.E. 167TH STREET**

**Room 623**

City

**NO. MIAMI BEACH**

FL

Zip Code

**33162**

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

**FELICIA BRYN**

**01-20-2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**

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

|                                                |                                                                                           |                                 |
|------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PF<br>BRYN, FELICIA<br>633 N.E. 167TH STREET, SUITE 625<br>N. MIAMI BEACH FL 33162        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>DOBRINKER, BORIS<br>633 N.E. 167TH STREET, SUITE 625<br>NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BLEIER, HANK<br>633 N.E. 167TH STREET, SUITE 625<br>NORTH MIAMI BEACH FL 33162      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRYAN, FELICIA<br>230-174TH STREET<br>MIAMI BEACH FL 33160                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DOBRINKER, BORIS<br>1300 NE 167TH ST<br>N MIAMI BEACH FL 33162                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLEIER, HANK<br>1330 KANE CONCOURSE<br>BAY HARBOUR ISLAND FL 33154                   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)