2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State
05-01-2003 90168 033 ****61.25

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DOCUMENT # N94000000727

1. Entity Name
RUSSIAN OUTREACH, INC.

Principal Place of Business	Mailing Address
633 N.E. 167TH STREET SUITE 623 NORTH MIAMI BEACH FL 33162	633 N.E. 167TH STREET SUITE 623 NORTH MIAMI BEACH FL 33162

☒ CHECK HERE IF MAKING CHANGES

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

BRYN, FELICIA
633 N.E. 167TH STREET
ROOM 623
NORTH MIAMI BEACH FL 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 04/25/2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PF BRYN, FELICIA 633 N.E. 167TH STREET, SUITE 625 N. MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DOBRIVKER, BORIS 633 N.E. 167TH STREET, SUITE 625 NORTH MIAMI BEACH FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACCOUNTING FINKELSTEIN, ALFRED, CPA 6401 Galloway Rd, #203 MIAMI, FL 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLEIER, HANK 633 N.E. 167TH STREET, SUITE 625 NORTH MIAMI BEACH FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY ALLA BERKER 16710 N.E. 9th Ave # 307 No. Miami Beach, FL 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, FELICIA 230-174TH STREET MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORA GREENBERG 16750 NE 14 Ave #209 NMB, FL 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOBRIVKER, BORIS 1300 NE 167TH ST N MIAMI BEACH FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLEIER, HANK 1330 KANE CONCOURSE BAY HARBOUR ISLAND FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 04/25/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #