

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90270 032 ****61.25

DOCUMENT # N96000000275 ✓
1. Entity Name
INTERNATIONAL ADOPTION AGENCY

Principal Place of Business 16300 NE 19th Ave suite 241
NORTH MIAMI BEACH FL 33162
Mailing Address 16300 NE 19th Ave. suite 241
NORTH MIAMI BEACH
FL. 33162

2. Principal Place of Business 16300 NE 19th Ave
3. Mailing Address 16300 NE 19th Ave
Suite, Apt. #, etc. 241 **Suite, Apt. #, etc.** 241

City & State NORTH MIAMI BEACH FL. **City & State** NORTH MIAMI BEACH FL.
Zip 33162 **Country** US **Zip** 33162 **Country** US

4. FEI Number 65-1023309 ☐ **Applied For**
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

A0049419

6. Name and Address of Current Registered Agent
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.

SIGNATURE [Signature] **DATE** 04.08.2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT - D</u> <u>YANNA DZIERMI</u> <u>19370 COLLINS AVE</u> <u>N. MIAMI BEACH FL 33160</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT - D</u> <u>TAMARA DOUGASHINA</u> <u>10160 COLLINS AVE. Ap. 205N</u> <u>BAH HARRIS FL 33154</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER - D</u> <u>NELLIE BATITSKY</u> <u>19370 COLLINS AVE</u> <u>N. MIAMI BEACH FL 33160</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: TAMARA DOUGASHINA **DATE** 04.08.2001 **Daytime Phone #** (305) 919-020

CR2E037 (9/99)