

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 96000000275*

1. Entity Name

INTERNATIONAL ADOPTION AGENCY

Principal Place of Business

Mailing Address

*16300 NE 19th AVE. SUITE 241
NORTH MIAMI BEACH FL. 33162*

2. Principal Place of Business

16300 NE 19th AVE SUITE 241

3. Mailing Address

16300 NE 19th AVE SUITE 241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH MIAMI BEACH FL.

NORTH MIAMI BEACH FL.

City & State

City & State

Zip *33162*

Country *USA*

Zip *33162*

Country *USA*

APPROVED
AND
FILED

01 JUL -9 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1023309

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

*TAMARA DOUGUSHINA
10275 COLLINS AVE. Apartment 1533-S
BAL HARBOR FL. 33154*

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

TAMARA DOUGUSHINA

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 ☐ Delete
NAME *D-VP. TAMARA DOUGUSHINA*
STREET ADDRESS *N. MIAMI*
CITY-ST-ZIP *10275 COLLINS AVE. APPT 1533 BEACH FL.*

TITLE ☐ Change ☐ Addition
NAME *600004467516--7*
STREET ADDRESS *-07/10/01--01027--029*
CITY-ST-ZIP ******70.00 *****70.00*

TITLE ☐ Delete
NAME *D-P. YANNA DZLIERI*
STREET ADDRESS *19370 COLLINS AVE. Apartment 304*
CITY-ST-ZIP *NMB, FL. 33160*

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

TITLE ☐ Delete
NAME *D-T NELLIE BATITSKY*
STREET ADDRESS *19390 COLLINS AVE. N. MIAMI BEACH*
CITY-ST-ZIP *FL. 33160*

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

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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:

TAMARA DOUGUSHINA

05.29.01 (305) 8675686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

SP