

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001452

1. Entity Name

REACH THE CHILDREN RELIEF AND DEVELOPMENT, INC.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90012 003 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 1199 HILLSBORO MILE #129 HILLSBORO BEACH FL 33062 US | Mailing Address 1199 HILLSBORO MILE #129 HILLSBORO BEACH FL 33062 US |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 65-0728592 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

EKHOLM, JUDIE L
 1199 HILLSBORO MILE
 #129
 HILLSBORO BEACH FL 33062

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 _____ DATE _____
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 After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--|---|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | EKHOLM, JUDIE | |
| STREET ADDRESS | 9683 W. LAKE COURT | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OSMONOV, RAFIK | |
| STREET ADDRESS | 16 PADOLSKAYA, DOM.12 | |
| CITY-ST-ZIP | ST. PETERSBURG, RUSSIA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YEKIMOV, ELENA | |
| STREET ADDRESS | 29 NEVSKY PROSPECT | |
| CITY-ST-ZIP | ST. PETERSBURG, RUSSIA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEDASEKOVA, TATIANA | |
| STREET ADDRESS | MAJAIK 13 | |
| CITY-ST-ZIP | ST. PETERSBURG, RUSSIA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Judie L Ekholm* Date: 8-1-00 Daytime Phone #: 954-571-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)