

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90041 030 ****61.25

DOCUMENT # N97000001615

1. Entity Name

UKRAINET CORPORATION, INC.

Principal Place of Business

Mailing Address

13649 WEST DIXIE HIGHWAY
 NORTH MIAMI FL 33161-0968
 6073 NW 167 St. C-13
 MIAMI, FL 33015

13649 WEST DIXIE HIGHWAY
 NORTH MIAMI FL 33161-0968
 6073 NW 167 St C-13
 MIAMI, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0704996

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOND, WALTER
 13649 W DIXIE HWY
 SUITE 23
 N MIAMI FL 33161

KOND, WALTER
 6073 NW 167 St. C-13
 MIAMI, FL 33015

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, 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 PD ☐ Delete
 NAME VASSILIEVA, MARIA
 STREET ADDRESS 13649 WEST DIXIE HIGHWAY
 CITY-ST-ZIP NORTH MIAMI FL

TITLE PD ☐ Change ☐ Addition
 NAME VASSILIEVA, MARIA
 STREET ADDRESS 6073 NW 167 St C-13
 CITY-ST-ZIP MIAMI, FL 33015

TITLE VD ☐ Delete
 NAME SEMENTCHUK, ANGELINA
 STREET ADDRESS 13649 W DIXIE HWY
 CITY-ST-ZIP N MIAMI FL

TITLE VD ☐ Change ☐ Addition
 NAME SEMENCHUK ANHELINA
 STREET ADDRESS 6073 NW 167 St C-13
 CITY-ST-ZIP MIAMI, FL 33015

TITLE SD ☐ Delete
 NAME KOND, WALTER
 STREET ADDRESS 2859 LEONARD DR G-514
 CITY-ST-ZIP AVENTURA FL

TITLE SD ☐ Change ☐ Addition
 NAME KOND, WALTER
 STREET ADDRESS 2859 LEONARD DR G 514
 CITY-ST-ZIP AVENTURA, FL 33160

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: MARIA VASSILIEVA 4-25-2002 (305) 8200-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (9/01)