

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90289 028 ****61.25

DOCUMENT # N99000002562

1. Entity Name
**CENTER FOR RUSSIAN-AMERICAN BEHAVIORAL
STUDIES INC.**



Principal Place of Business
912 SE 11 CT
FT. LAUDERDALE, FL 33301

Mailing Address
912 SE 11 CT
FT. LAUDERDALE, FL 33301

94055023



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0905762

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

OPTEKAR, DAVID
912 SE 11 CT
FT. LAUDERDALE, FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
OPTEKAR, DAVID
912 SE 11 CT
FT. LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, DONNA
2655 E OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'CONNOR, MAUREEN
4601 POINCIANA STREET #2
LAUDERDALE BY THE SEA, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZINOVIEVA, NATALIA
UL.VOSKOVA, 22-10
ST. PETERSBURG, RUSSIA, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHABALINA, VALENTINA
PETERSBURGSKOYE SHOSSE, 13/1-230
ST. PETERSBURG, PUSHKIN, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

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:

David Optekar **DAVID OPTEKAR** 4/13/04 (954) 766-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #