

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90324 010 \*\*\*150.00

DOCUMENT # P00000016226

1. Entity Name

Polukrus Hotel Services, inc



**DO NOT WRITE IN THIS SPACE**

30114541

2. Principal Place of Business

4560 Chantelle dr

3. Mailing Address

4560 Chantelle dr

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Naples FL

City & State

Naples FL

Zip

34112

Country

USA

Zip

34112

Country

USA

4. FEI Number

65-0986549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Alexander Kukushkin

Street Address (P.O. Box Number is Not Acceptable)

4560 Chantelle dr #102

City

Naples

FL

Zip Code

34112

**DO NOT WRITE  
IN THIS SPACE**

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

*Alexander Kukushkin*

4/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
president  
Alexander Kukushkin  
4560 Chantelle dr #102  
Naples FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-president  
Elena Lazo  
4560 Chantelle dr #102  
Naples FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alexander Kukushkin*

4/27/03

239-250-8773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #