

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0488409

DOCUMENT # P00000026636

1. Entity Name

THE RUSSIAN YELLOW PAGES, INC.

05-18-2001 91237 005 ***150.00

Principal Place of Business

Mailing Address

**3901 SOUTH OCEAN DRIVE
 SUITE 85
 HOLLYWOOD FL 33019**

**POST OFFICE BOX 1552
 HALLANDALE FL 33008**

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2. Principal Place of Business

16300 NE 19 AV # 104

3. Mailing Address

P.O. Box # 1552

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami, Beh

City & State

HALLANDALE FL

4. FEI Number

65-0992793

Applied For

Not Applicable

Zip

33162

Country

Zip

33008

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name: **Days Holding Inc / Lugovtsova Yulia**
 Street Address (P.O. Box Number is Not Acceptable): **16300 NE 19 AV # 104**
 City: **N. Miami, Beh** FL Zip Code: **33162**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/14/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SLOBODENYUK, YURY	
STREET ADDRESS	3901 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KHLIUSTOV, SERQUEI	
STREET ADDRESS	3901 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUGOVTSOVA, YULIA	
STREET ADDRESS	3901 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLGA PEDERSEN	
STREET ADDRESS	16300 NE 19 AV # 104	
CITY-ST-ZIP	N. Miami, Beh 33162	
TITLE	TDP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHLIUSTOV SERQUEI	
STREET ADDRESS	16300 NE 19 AV # 104	
CITY-ST-ZIP	N. Miami, Beh 33162	
TITLE	PSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUGOVTSOVA YULIA	
STREET ADDRESS	16300 NE 19 AV # 104	
CITY-ST-ZIP	N. Miami, Beh FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINA RASMUSEN	
STREET ADDRESS	16300 NE 19 AV # 104	
CITY-ST-ZIP	N. Miami, Beh 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VORONAYA JULIA	
STREET ADDRESS	16300 NE 19 AV # 104	
CITY-ST-ZIP	N. Miami, Beh FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEX KHOREV	
STREET ADDRESS	16300 NE 19 AV # 104	
CITY-ST-ZIP	N. Miami, Beh FL 33162	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **President, Lugovtsova Y.** **03/14/01** **305-945-1142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)