2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90617 001 ***150.00 03-17-2003 90617 002 *****8.75

 Entity Na 	ame	# P0000004 ATIONAL HOLDII	•		55016962					
3580 S. OC	EAN BOULEV H, FL 33480	NRD, #4B		Mailing Address 3580 S. OCEAN BOULEVARD, #4B PALM BEACH, FL 33480						
2. Principal	Place of Busi	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	ate		City & State		4.	4. FEI Number 65-1005821 Applied Fi				
Zìp	Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curre	nt Registered Agent			7.	Name and Address of N		5 qui i d	
SERAFIMO	OVICH, MICH				Name					
PALM BÉA	ACH, FL 33	180			Street Ad	Idress (P.O. I	Box Number is Not Accep	table)		
٠,					City			FL Zij	Code	
8. The above	e named entit ations of regist	y submits this statement lered agent.	for the purpose of chang	ging Its registere	d office or r	egistered aç	gent, or both, in the State of		with, and accept	
SIGNATURE		or primed name of registered ag	ans and title if applicable.	(NOTE: Regis tare)	1 Agentsignatur	equired when r	einstating)	CATE		
Afte	r May 1, 20	!!: FEE IS \$150.00 03 Fee will be \$550.0 b Florida Departmen	G t.of State		· · · · · ·		Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees	
10.		OFFICERS AN	D DIRECTORS	11.	-	AC	DITIONS/CHANGES TO	OFFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3580 S. O	OVICH, MICHAEL CEAN BOULEVARD, ACH, FL 33480	□ Delete	NAME STREE	ET ADDRESS ST-ZIP	NV	N, YURY S. OCEAN E BEACH . 1	0 th 3LVd #4B	.	
TITLE Name Street address City-St-Zip	3580 S. O	OVICH, OLEA CEAN BLVD. #4B ACH, FL 33480	□ Delete	NAME STREE	1 ADORESS ST-ZIP	DT PRYAI 3580 DALI	NIKOV RU S. DCEAN M. BEACH,		ange Addition	
ITLE IAME STREET ADDRESS STY-ST-ZP			□ Delete	NAME Stree		7		☐ Che		
ITLE IAME TREET ADDRESS CITY-ST-ZIP		1-11-13-2	☐ Delete	NAME Stree	T ADDRESS ST-ZIP			□ Che	ange Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		•••	· 🔲 Delete	NAMÉ	T ADDRESS ST -21P			Cha	inge 🗍 Addition	
ITLE AME			☐ Delete	TITLE NAME				☐ Cha	nge Addition	

12. I nereby Certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE()	H. Seni	1110000	MICHAEL	SERAFIMOVICH	03/15/03	(561)540 8	52
_	STGNATURE AND J	TYPED OR PRINTED NAME OF SIGNING (Cavirra Phone #			1 1	