

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057031

1. Entity Name
PETRA US, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90195 039 ***150.00

Principal Place of Business
**18090 COLLINS AVE., SUITE T-10
SUNNY ISLES BEACH FL 33160**

Mailing Address
**18090 COLLINS AVE., SUITE T-10
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business
17070 Collins Avenue
Suite, Apt. #, etc.
Suite T-264

3. Mailing Address
17070 Collins Avenue
Suite, Apt. #, etc.
Suite T-264

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

Zip
33160 Country
USA

Zip
33160 Country
USA

4. FEI Number
65-1020216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOKAREV, MAXIM
18090 COLLINS AVE., SUITE T-10
SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent

Name
Maxim Kokarev
Street Address (P.O. Box Number is Not Acceptable)
17070 Collins Avenue # T-264
City
Sunny Isles Beach FL Zip Code
33160

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 **MAXIM KOKAREV** **03/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MAXIM KOKAREV** **03/26/01** **305-466-1469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0197838

CR2E034 (10/00)