

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-29-2002 91422 015 ***150.00

DOCUMENT # P00000058901

1. Entity Name
CREDO, INC.

Principal Place of Business

**18090 COLLINS AVE., STE. T-10
 SUNNY ISLES BEACH FL 33160**

Mailing Address

**18090 COLLINS AVE., STE. T-10
 SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

**210-174 Street
 Suite, Apt. #, etc.
 # 1907**

3. Mailing Address

P. O. Box 1991

City & State

Sunny Isles, FL

City & State

Hallandale, FL

Zip

33160

Country

USA

Zip

33008

Country

USA

4. FEI Number

65-1019400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KOKAREV, MAXIM

**18090 COLLINS AVE., STE. T-10
 SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

Kokarev, Maxim

Street Address

210-174 Street # 1907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/18/02

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, 2002 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 **PT** ☐ Delete
 NAME **MOUKHANOV, PETR A**
 STREET ADDRESS **200 172 ST #216**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **VPS** ☐ Delete
 NAME **KOKAREV, MAXIM**
 STREET ADDRESS **210 174TH ST #1907**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
 NAME **Moukhanov, Petr A.**
 STREET ADDRESS **P.O. Box 1991**
 CITY-ST-ZIP **Hallandale, FL 33008**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **Kokarev, Maxim**
 STREET ADDRESS **P.O. Box 1991**
 CITY-ST-ZIP **Hallandale, FL 33008**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/02 305-792-6725

Date

Daytime Phone #

CR2E034 (9/01)