

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90105 014 ***150.00

DOCUMENT # P00000062363

1. Entity Name
GLAMOUR INTERNATIONAL PRODUCTIONS, CORP.

Principal Place of Business
400 KINGS POINT DRIVE
#321
SUNNY ISLES BEACH FL 33160

Mailing Address
400 KINGS POINT DRIVE
#321
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business
2314 N.E. 11th Street
 Suite, Apt. #, etc.

3. Mailing Address
2314 N.E. 11th Street
 Suite, Apt. #, etc.

City & State
Hallandale, Florida
Zip
33009
Country
USA

City & State
Hallandale, FL
Zip
33009
Country
USA

4. FEI Number **65-1020711**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATSMAN, MARK
CONCOURSE PLAZA
1111 KANE CONCOURSE (96TH ST) # 607
MIAMI FL 33154

7. Name and Address of New Registered Agent

Name **KATSMAN MARK**
Street Address (P.O. Box Number is Not Acceptable)
CONCOURSE PLAZA
1111 KANE CONCOURSE (96TH) #607
City **MIAMI** **FL** **Zip Code** **33154**

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KHAZANOV, STANISLAV	
STREET ADDRESS	2314 N.E. 11TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	KARDASHOV, TARAS	
STREET ADDRESS	400 KINGS POINT DRIVE # 321	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	FILATOV, LEONID	
STREET ADDRESS	400 KINGS POINT DR. # 321	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAZANOV, STANISLAV	
STREET ADDRESS	2314 N.E. 11th Street	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

02/10/2002 **3054679044**
 Date Daytime Phone #

CR2E034 (9/01)