

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90249 013 ***150.00

DOCUMENT # P00000071755

1. Entity Name
PROFILE IMAGE, INC.



Principal Place of Business
2750 NE 183RD STREET
SUITE 1904
AVENTURA FL 33160

Mailing Address
2750 NE 183RD STREET
SUITE 1904
AVENTURA FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1027850**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CHERVONAIA, IRINA
2750 NE 183RD STREET
SUITE 1904
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name **IRINA CHERVONAIA**

Street Address (P.O. Box Number, Not Acceptable) **2750 N.E. 183 ST. # 1904**

AVENTURA

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02.20.03.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHERVONAIA, IRINA**
STREET ADDRESS **2750 NE 183RD STREET #1904**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **VP** ☐ Delete
NAME **CHERVONY, ILYA**
STREET ADDRESS **2750 NE 183 ST 2110**
CITY-ST-ZIP **AVENUTRA FL 33160**

TITLE **S** ☒ Delete
NAME **PEYSINA, NATALIA**
STREET ADDRESS **2750 N.E. 183 ST 2109**
CITY-ST-ZIP **AVENTURA 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☐ Change ☒ Addition
NAME **IRINA CHERVONAIA**
STREET ADDRESS **2750 N.E. 183 ST. 1904**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **ILYA CHERVONY**
STREET ADDRESS **2750 N.E. 183 ST. 2110**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE ☒ Change ☐ Addition
NAME **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

305-933056

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.20.03.

CR2E034 (10/02)