

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90174 045 ***150.00

DOCUMENT #

1. Entity Name

00000078814

EPICURE INTERNATIONAL Foods, Inc.

Principal Place of Business

Mailing Address

18236 Collins Avenue

SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business

18236 COLLINS AVENUE

3. Mailing Address

18236 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

65-1033135

Applied For

Not Applicable

Zip

Country

33160

USA

Zip

Country

33160

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICE OF
 MARK KATSMAN
 ATTORNEY AT LAW
 1111 KANE CONCOURSE, SUITE 607
 BAY HARBOR ISLANDS, FL 33154**

Name

MARK KATSMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1111 KANE CONCOURSE

SUITE 607

City

BAY HARBOR ISLANDS 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]

RUSTEM VANK, Registered Agent

4-16-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.V.D. FELIX RYABKOV
STREET ADDRESS	7554 W. NORTON AVE. #8
CITY-ST-ZIP	W. HOLLYWOOD, CA 90046
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.D.S. KONSTANTIN ABAKUNCHIK
STREET ADDRESS	18236 COLLINS AVE.
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
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] KONSTANTIN ABAKUNCHIK, VICE PRESIDENT 4-16-2001 (305) 936-9065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)