

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90067 046 ***150.00

0130666 AV

DOCUMENT # P00000090303

1. Entity Name

PEARL BY THE SEA, INC.

Principal Place of Business

1710 E HALLANDALE BEACH BLVD
 HALLANDALE BEACH FL 33009

Mailing Address

1710 E HALLANDALE BEACH BLVD
 HALLANDALE BEACH FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1042372

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~EDELSHTING, VLADIMIR~~ *Incorrect Spelling*
~~210 174 ST APT 801~~
~~HALLANDALE BEACH FL 33009~~

7. Name and Address of New Registered Agent

Name

VLADIMIR Edelshtein

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

210 174 ST Apt 801

City

N. Miami Beach, FL 33160

FL

Zip Code

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EDELSHTING, VLADIMIR	
STREET ADDRESS	210 174 ST APT 801	
CITY-ST-ZIP	MIAMI 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VLADIMIR Edelshtein</i>	
STREET ADDRESS	<i>210 174 ST Apt 801</i>	
CITY-ST-ZIP	<i>N. Miami Beach, FL 33160</i>	
TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>EMILIYA ROZENBERG</i>	
STREET ADDRESS	<i>210 174 ST Apt 301</i>	
CITY-ST-ZIP	<i>N. Miami Beach, FL 33160</i>	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

Daytime Phone #

CR2E034 (9/01)