

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90067 014 ***158.75

DOCUMENT # P01000011354

1. Entity Name
 RAVELIN.M.INC.

Principal Place of Business
 5545 CONROY ROAD #4
 ORLANDO FL 32811

Mailing Address
 5545 CONROY ROAD #4
 ORLANDO FL 32811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5511 CONROY RD

3. Mailing Address

5511 CONROY RD

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3707682

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32811

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUDLACH, MARINA
 5545 CONROY ROAD #4
 ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name VLADIMIR FILIPPOV

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

5511 CONROY RD. SUITE #4

City

ORLANDO

FL

Zip Code

32811

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]

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	PD	<input type="checkbox"/> Delete
NAME	FILIPPOV, VLADIMIR	
STREET ADDRESS	5545 CONROY ROAD #4	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUDLACH, MARINA	
STREET ADDRESS	5545 CONROY ROAD #4	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		<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		
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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 a other like empowered.

SIGNATURE:

[Signature] VLADIMIR FILIPPOV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407)376-6871

Daytime Phone #

CR2E034 (9/01)