2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMended!

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 27 AM 11:53

DOCUMENT # P01000038436

1. Entity Name
HAMATRA OVERSEAS, INC.

Principal Place of Business	Mailing Address
176 BAL BAY DR. BAL HARBOUR, FL 33154	176 BAL BAY DR. BAL HARBOUR, FL 33154

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1107112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GENERALOV, IGOR
176 BAL BAY DR.
BAL HARBOUR, FL 33154

7. Name and Address of New Registered Agent

Name

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

City 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. 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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	GENERALOV, IGOR	NAME	GeneraLov, Vsevolod
STREET ADDRESS	176 BAL BAY DR.	STREET ADDRESS	176 BAL Bay Drive
CITY-ST-ZIP	BAL HARBOUR, FL 33154	CITY-ST-ZIP	BAL HarBour FL 33154
TITLE	☐ Delete	TITLE	Treasurer ☐ Change ☑ Addition
NAME		NAME	Oleg Generalov
STREET ADDRESS		STREET ADDRESS	176 BAL BAY Dr.
CITY-ST-ZIP		CITY-ST-ZIP	BAL HarBour FL 33154
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034 (10/02)

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.

SIGNATURE: [signature] 03.24.03 305-867-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #