

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90441 020 ***150.00

0254436 AV

DOCUMENT # P01000058647

1. Entity Name
ILONA MANAGEMENT, INC.

Principal Place of Business
290 174 STREET STE 1118
NORTH MIAMI BEACH FL 33160

Mailing Address
290 174 STREET STE 1118
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business
290-174 STREET, #1118

3. Mailing Address
290-174 STREET

Suite, Apt., #, etc.
NORTH MIAMI BEACH

Suite, Apt., #, etc.
STE. 1118

DO NOT WRITE IN THIS SPACE

City & State
33160 FL USA

City & State
NORTH MIAMI BEACH FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIVAK, ILYA
290 174 STREET STE 1118
NORTH MIAMI BEACH FL 33160

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.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
MELIKOVA, NINA
290 174 STREET STE 1118
NORTH MIAMI BEACH FL 33160

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
SILIN, ANDREY
290 174 STREET STE 1118
NORTH MIAMI BEACH FL 33160

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 IIRs empowered.

SIGNATURE:

SIGNATURE REQUIRED
ILYA SPIVAK

03/27/02 (754) 801-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)