2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000065553 **DOCUMENT #**

1. Entity Name

PINA PROPERTIES INC.



Principal Place of Business 900 NE 12 AVE #301

PINKUSEVICH, IGOR

900 NE 12 AVE #301 HALLANDALE FL 33009

SIGNATURE

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

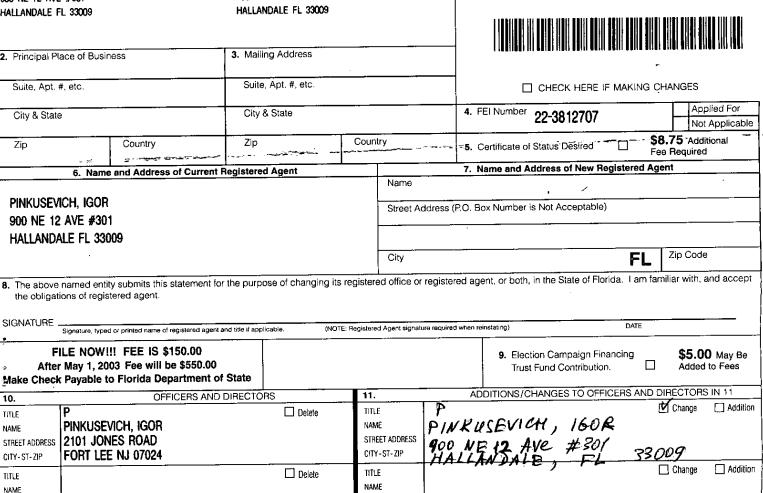
Make Check Payable to Florida Department of State

Mailing Address 900 NE 12 AVE #301 HALLANDALE EL 33009

HALLANDALE FL 33003		TIMED THE TE GOODS		-
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	1
City & State		City & State		7
Zip	Country	Zip	Country	-
6. Nam	e and Address of Current F	Registered Agent		_

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90151 034 ***150.00



OFFICERS AND DIRECTORS 11. 10. TITLE TITLE ☐ Detete PINKUSEVICH, 160R PINKUSEVICH, IGOR NAME NAME 2101 JONES ROAD STREET ADDRESS 900 NE 12 AVE #301 HALLANDALE, FL STREET ADDRESS CITY-ST-ZIP FORT LEE NJ 07024 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

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.