

AMENDED 02

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

FILED

DOCUMENT # 901000687386

1. Entity Name

NORTH ATLANTIC VENTURES, INC.

02 NOV 13 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
101 NORTH OCEAN DRIVE

3. Mailing Address  
101 NORTH OCEAN DRIVE

Suite, Apt. #, etc.  
SUITE 210

Suite, Apt. #, etc.  
SUITE 210

DO NOT WRITE IN THIS SPACE

City & State  
HOLLYWOOD, FL

City & State  
HOLLYWOOD, FL

4. FEI Number  
58-2647632

Applied For  
Not Applicable

Zip  
33019

Country  
BROWARD

Zip  
33019

Country  
BROWARD

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
LAW OFFICES OF MASHA K. BACH, P.A.

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

17768 MAPLEWOOD DRIVE

City BOCA RATON

FL Zip Code  
33487

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

MASHA K. BACH, Esq.

November 5, 2002

(NOTE: Registered Agent signature required when redesignating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	Igor Antonov 101 North Ocean Drive Suite 210 Hollywood FL 33019	DPST	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000003958988 11/13/02--01024--018 **70.00
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Igor Antonov, President

11/5/02

786-853-7244

Date

Daytime Phone #

CR2E034B (12/01)

2/11/02