

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

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-21-2002 90059 038 ***150.00

DOCUMENT # **P01000107228**

1. Entity Name

Odessa INTERNATIONAL FOOD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

830E OAKLAND PARK BLV.

3. Mailing Address

830E OAKLAND PARK BLV

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

4. FEI Number

65-1150733

Applied For

Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **VALERIY DARMENKO**

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

830E OAKLAND PARK BLV

114

City **OAKLAND PARK**

FL

Zip Code
33334

**DO NOT WRITE
IN THIS SPACE**

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

02-09-2002

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 \$350.00

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

PD
VLADIMIR OSOUCKIY
2801 NE 183rd STREET # 1503
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
ILYA FRIEDMAN
812 NE 26 AVE
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
VALERIY DARMENKO
914 NE 27 AVE
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.09.02 (954) 5635969

CR2E034B (12/01)