

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90006 008 \*\*\*158.75

**DOCUMENT # P01000113690****1. Entity Name**  
**INTOURIST USA, INC.****Principal Place of Business****12 SOUTH DIXIE HWY #201**  
**LAKE WORTH FL 33460****Mailing Address****12 SOUTH DIXIE HWY #201**  
**LAKE WORTH FL 33460****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****65-1156982****Applied For****Not Applicable****5. Certificate of Status Desired** ☒ **\$8.75****Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****MESIATSEV, ALEXEY**  
**12 SOUTH DIXIE HWY #201**  
**LAKE WORTH FL 33460****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** **D** ☐ Delete  
**NAME** **MESIATSEV, ALEXEY**  
**STREET ADDRESS** **12 SOUTH DIXIE HWY #201**  
**CITY-ST-ZIP** **LAKE WORTH FL 33460****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P/T/D** ☒ Change ☐ Addition  
**NAME** **Mesiatshev, Alexey N.**  
**STREET ADDRESS** **811 Cedar Cove Road**  
**CITY-ST-ZIP** **Wellington, FL 33414****TITLE** **S/D** ☐ Change ☒ Addition  
**NAME** **Mesiatshev, Lidia V.**  
**STREET ADDRESS** **811 Cedar Cove Road**  
**CITY-ST-ZIP** **Wellington, FL 33414****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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 reports 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 like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alexey N. Mesiatshev/****04.23.2002**

Date

**(561)585-5305**

Daytime Phone #

CR2E034 (9/01)