

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90219 011 \*\*\*150.00

**DOCUMENT # P02000004359**

**1. Entity Name**  
**MARKOLA INTERNATIONAL BUSINESS CORPORATION**



**Principal Place of Business**  
**200 DIPLOMAT PARKWAY, SUITE 222**  
**HALLANDALE FL 33009**

**Mailing Address**  
**200 DIPLOMAT PARKWAY, SUITE 222**  
**HALLANDALE FL 33009**

**\* SEE NEW ADDRESS**



**2. Principal Place of Business**

**3. Mailing Address**

**1835 E Hallandale Bch Blvd 1835 E Hallandale Bch Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 172**

**PMB 172**

City & State

City & State

**Hallandale, FL**

**Hallandale, FL**

Zip

Country

Zip

Country

**33009**

**USA**

**33009**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**04-3594932**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SIDORENKO, NIKOLAI**

**200 DIPLOMAT PARKWAY, SUITE 222**

**HALLANDALE FL 33009**

Name

**Nikolai Sidorenko**

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

**1835 E. Hallandale Bch Blvd #172**

City

**Hallandale**

**FL**

Zip Code

**33009**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/05/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Nicolai Sidorenko**  
**1835 E. Hallandale Bch. Blvd. #172**  
**Hallandale, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

**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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/05/03 305-7336002**

Date

Daytime Phone #

CR2E034 (10/02)