

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027602

1. Entity Name

BELUGA CAVIAR, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90298 035 ***150.00

Principal Place of Business

**1909 N.E. 168 ST
NORTH MIAMI FL 33162**

Mailing Address

**1909 N.E. 168 ST
NORTH MIAMI FL 33162**

2. Principal Place of Business

Sales

3. Mailing Address

1909 NE 168 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N.M. Beach, FL

Zip

Country

Zip

33162

Country

U.S.

4. FEI Number

65-0583447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TSIMBAL, VIKTOR
2180 N.E. 171ST STREET
NORTH MIAMI FL 33162**

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

Blumenthal - President

04.18.01.

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, 2001 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 ☐ Delete
NAME **DPVS**
STREET ADDRESS **TSIMBAL, VIKTOR**
CITY-ST-ZIP **2180 N.E. 171ST STREET**
N MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TSIMBAL, VIKTOR**
CITY-ST-ZIP **2180 N.E. 171ST STREET**
N MIAMI BEACH FL 33162

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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 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

Date

Daytime Phone #

Blumenthal - President

04.18.01.

CR2E034 (10/00)