

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90669 023 ***150.00

DOCUMENT # P 97000063761

1. Entity Name

KRATOS USA, Inc.

DO NOT WRITE IN THIS SPACE

B0064715

2. Principal Place of Business

3119 Hollywood Blvd.

Suite, Apt. #, etc.

#D

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33020

Country

USA

Zip

Country

4. FEI Number

65-0779950

Applied For

Not Applicable

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

ANDREI N TURASHEV

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

367 Poineigna Island Drive

City

Sunny Isles Beach FL

Zip Code

33160

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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

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

PRES.

SERGEY B. MELNOV

20533 Biscayne Blvd. #318

Aventura, FL 33180

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 (305) 937-6464

Date

Daytime Phone #

CR2E034B (12/01)