

# 2002 UNIFORM BUSINESS REPORT (UBR)

P9 10F2

FILED

03 JAN 17 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009800461  
12/19/02-01032-010 \*\*150.00

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P97000081415			
<b>1. Entity Name</b>			
AGRAM, INC			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
2. Principal Place of Business		3. Mailing Address	
100 SUNRISE AVENUE Suite, Apt. #, etc. 204E City & State PALM BEACH FL		100 SUNRISE AVENUE Suite, Apt. #, etc. 204E City & State PALM BEACH FL	
Zip 33480	Country PALM BEACH	Zip 33480	Country PALM BEACH

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
		Name NIKITA ZUKOV	
		Street Address (P.O. Box Number is Not Acceptable) 100 SUNRISE AVENUE	
		204E	
		City PALM BEACH	FL

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR NIKITA ZUKOV 100 SUNRISE AVENUE 204E PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800010666068 01/23/03--01032--010 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR PAULA ZUKOV 100 SUNRISE AVENUE 204E PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **NIKITA ZUKOV, DIRECTOR** **DEC 2, 2002** **561-842-0301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment: P9700081415 pg 2 of 2

AGRAM, INC.  
100 Sunrise Avenue 204E  
Palm Beach, Florida 33480

December 2, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document Number: P9700081415  
FEI: 65-0789040

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 for my Uniform Business Report fee. It was not my intention to dissolve this corporation. I never received the original report at my new address. My accountant brought to my attention the Admin Dissolution when he picked up my yearly accounting late November.

Please waive the late payment fee and reinstate this corporation. Thank you for your attention to this matter.

Sincerely,

  
Nikita Zukov, Director