

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90013 027 \*\*\*150.00

DOCUMENT # P97000083555

1. Entity Name

R.A.I.S., INC. ✓

**DO NOT WRITE IN THIS SPACE**

B0093024

2. Principal Place of Business

5219 Baywater Dr  
Suite, Apt. #, etc.

3. Mailing Address

5219 Baywater Dr  
Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number

59-3480031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

OLGA KUZNETSOV

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

5219 Baywater Dr

City

TAMPA

FL

Zip Code

33615

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.

OLGA Kuznetsov

4/25/02

(NOTE: Registered Agent signature required when reinstating)

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  
PRESIDENT  
Vladislav Kuznetsov  
5219 Baywater Dr  
Tampa, FL. 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Trichkin Nikolai  
5219 Baywater Dr  
Tampa, FL. 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OFFICER  
OLGA Kuznetsov  
5219 Baywater Dr  
Tampa, FL. 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

—VLAD Kuznetsov president 4/25/02 (1813) 505-3980

Date

Daytime Phone #

CR2E034B (12/01)