

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086189

1. Entity Name

HEMISPHERES SHOPS INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90085 027 ***158.75

Principal Place of Business

HEMISPHERES SHOPS INC
1985 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

Mailing Address

HEMISPHERES SHOPS INC
1985 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

2. Principal Place of Business

HEMISPHERES SHOP INC. S.

3. Mailing Address

HEMISPHERES SHOP INC.

Suite, Apt. #, etc.

1985 South Ocean Dr.

Suite, Apt. #, etc.

1985 South Ocean Dr.

City & State

Hallandale, Florida

City & State

Hallandale, Florida

Zip

33009

Country

Zip

33009

Country

4. FEI Number

65-0800112

Applied For

Not Applicable

5. Certificate of Status Desired.

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZASLAVSKAYA, YEUGENIYA
17500 NORTH BAY RD #502
NORTH MIAMI BEACH FL 33160

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

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 P
STREET ADDRESS ZASLAVSKAYA, VERGENIYA
CITY-ST-ZIP 17500 NORTH BAY ROAD #502
NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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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 empowerment.

SIGNATURE:

Yevgeniya Zaslavskaya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)