

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90011 009 \*\*\*150.00

**DOCUMENT # P97000089625**

1. Entity Name  
**MADE IN RUSSIA, INC.**

Principal Place of Business

**150 WORTH AVE., SUITE 216  
 PALM BEACH FL 33480**

Mailing Address

**PO BOX 3075  
 PALM BEACH FL 33480  
 US**



2. Principal Place of Business

**714 New Jersey St.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**West Palm Beach FL**

City & State

Zip

Country

**33401**

Zip

Country

4. FEI Number

**65-0787648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LATHAM, PENE**

**150 WORTH AVE., SUITE 216  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

**Pene Latham**

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

**714 New Jersey Street**

City

**West Palm Beach**

FL

Zip Code

**33401**

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

**Pene Latham**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LATHAM, PENE</b>	
STREET ADDRESS	<b>150 WORTH AVE., SUITE 216</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>714 New Jersey Street</b>	
STREET ADDRESS	<b>West Palm Beach FL</b>	
CITY-ST-ZIP	<b>33401</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02 (561) 832-1500**

Date

Daytime Phone #

CR2E034 (9/01)