2002 UNIFORM BUSINESS RE

P98000059364 **DOCUMENT #**

250 VILANO ROAD

ST. AUGUSTINE FL 32095

1. Entity Name VILANO PIER, INC. Principal Place of Business Mailing Address

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

250 VILANO ROAD

ST. AUGUSTINE FL 32095

FILED Jun 16, 2002 8:00 am Secretary of State 06-16-2002 90695 047 ***150.00



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2. Principal Place of Business 3. Mailin		3. Mailing Address	Mailing Address .		1 JANESOBS DES ERIBI IDELE MOLLE GOLLE AN	111 1242 1 BIHL	(8188 1111 411			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. F	FEI Number 59-3518823			olied For Applicable		
Zip • • •		- Zip	Country	5.7	Certificate of Status Desired		B:75 Addi e Required			
	6. Name and Address of Current F	logistered Agent		7.:1	Name and Address of New Regi	stered Ag	ent		-	
			Name						"	
ROZENSHTERYN, MICHAEL			Street A	Street Address (P.O. Box Number is Not Acceptable)						
250 VILANO ROAD			Sheet Audress (r. o. Ben Maries							
	STINE FL 32095									
31. AUGU	, , , , , , , , , , , , , , , , , , ,	•	City			FL	Zip Code	,		
	named entity submits this statement for	the purpose of changing its re	egistered office o	registered ac	ent, or both, in the State of Florid	a.		*	[
8. The above	named entity submits this statement to	the purpose of changing its in	ogiste. oz omoo o		,- , ,)	
					,					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signs	uta required when n	einstating)	DATE]	
			FÉE IS \$150.	W LL					7	
	pration is eligible to satisfy its Intangible	After May 1, 200			10. Election Campaign Finan	cing 🔲		May Be to Fees		
	equirement and elects to do so.	Make Check Payable	e to Departmen	t of State	Trust Fund Contribution.		Added	IO Lees		
		· · · · · · · · · · · · · · · · · · ·	12.		DITIONS/CHANGES TO OFFICE	RS AND E	PIRECTORS	IN 11	1_	
11.	OFFICERS AND	Delete	TITLE	Ι			Change	Addition	हि	
	PTSV ROZENSHTEYN, MICHAEL	L Desete	NAME		•				6	
NAME STREET ADDRESS	250 VILANO ROAD		STREET ADDRESS						g	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		CITY-ST-ZIP		·				CR2E034 (9/01)	
TITLE	D	☐ Delete	TITLE				Change	Addition	5	
NAME	JADAN, RINATA		NAME						1	
STREET ADDRESS	815 GRAVESEND RD. #58		STREET ADDRESS							
- CITY-ST-ZIP	BROOKLYN NY 11223-	سيندن بيندجون درار	CITY-ST-ZIP	- FE-2 - 4 - F2			· - · - · •	<u></u>	-	
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NAME			NAME CTROST ADDRESS							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP				1.41:5	440 07(0)(t) Elected - Parkets - 1.5	urbar corti	by that the !	oformation	┨.	
13. hereby	certify that the information supplied with	this filing does not qualify for true and accurate and that m	the exemption sta v signature shall	ated in Section have the same	i 119.07(3)(i), Florida Statutes. I it e legal effect as il made under oa	th; that lar	n an officer	or director	1	

(UBR)

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it 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: