


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

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90344 029 ***150.00

DOCUMENT # P 99000020408	
1. Entity Name RASCAL PLAZA INC.	

DO NOT WRITE IN THIS SPACE

14001222

2. Principal Place of Business 17150 Collins ave.	3. Mailing Address 17150 Collins ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Sunny Isles Beach FL	City & State Sunny Isles Beach FL	4. FEI Number 65-0899572	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country	Zip 33160	Country

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Gregory Babsky	
Street Address (P.O. Box Number is Not Acceptable)	
500 Bayview Dr.# 622	
City Sunny Isles Beach	FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gregory Babsky 500 Bayview dr.# 622 Sunny Isles FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Eduard Mordukhovitch 100 South Point Dr.# 3703 Miami FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GREGORY BARSKY** 4.04.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #