

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91524 010 \*\*\*150.00

DOCUMENT # P99000035381 ✓  
1. Entity Name

VARIANT CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>P.O. Box 84</u> Suite, Apt. #, etc. <u>18090 Collins Ave.</u> City & State <u>Sunny Isles, FL</u> Zip <u>33160</u> Country <u>USA</u>		3. Mailing Address <u>P.O. Box 84</u> Suite, Apt. #, etc. <u>18090 Collins Ave.</u> City & State <u>SUNNY ISLES, FL</u> Zip <u>33160</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0923648</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name MARK KATSMAN  
Street Address (P.O. Box Number is Not Acceptable)  
1111 KANE CONCOURSE, SUITE 607  
City BAY HARBOR ISLANDS FL Zip Code 33154

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] MARK KATSMAN, ATTORNEY DATE 4-18-02  
Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	<u>PVSTD</u>	TITLE	
NAME	<u>VIKTOR KOROMYSLOV</u>	NAME	
STREET ADDRESS	<u>P.O. Box 84, 18090 Collins Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Sunny Isles, FL 33160</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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] VIKTOR KOROMYSLOV, DIRECTOR DATE 4-18-02 DAYTIME PHONE # 867-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)