

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 037 ***150.00

DOCUMENT # **P 99000095948**

1. Entity Name

MIGNA Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

266 North Fed. Hwy

3. Mailing Address

266 N Fed Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

65-0962475

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Nikolay Slashtoy

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

301 NE 14 Ave #105

City

HALLANDALE

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P**
NAME **Nikolay Slashtoy**
STREET ADDRESS **301 NE 14 Ave #105**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **U-P**
NAME **Natalia Krivtchenko**
STREET ADDRESS **1000 Parkview 625**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **Michael Galin**
STREET ADDRESS **266 N Fed Hwy**
CITY-ST-ZIP **HALLANDALE FL 33009**

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IN THIS SPACE**

CR2E034B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nikolay Slashtoy

Date

04/23/02

Daytime Phone #

554-458-9980