

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90308 014 ***150.00

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DOCUMENT # S91671

1. Entity Name
O. K. INTERNATIONAL TRADING, INC.



Principal Place of Business

~~300-7167 STREET~~

~~STE 520~~

~~MIAMI BCH FL 33144~~

US

Mailing Address

~~300-7167 STREET~~

~~STE 520~~

~~MIAMI BCH FL 33144~~

US

2. Principal Place of Business

9149 COLLINS AVE #205

Suite, Apt. #, etc.

#205

City & State

SURFSIDE

Zip

33154

Country

USA

3. Mailing Address

9149 COLLINS AVE

Suite, Apt. #, etc.

#205

City & State

SURFSIDE

Zip

33154

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0299411**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRILOV, ALIM A.

~~925 STILLWATER DR.~~

~~MIAMI BCH FL 33144~~

9149 COLLINS AVE

#205

SURFSIDE, FLORIDA 33154

7. Name and Address of New Registered Agent

Name

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

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~PCT~~ ☐ Delete

NAME **KRILOV, ALIM A.**

STREET ADDRESS ~~925 STILLWATER DR.~~

CITY-ST-ZIP ~~MIAMI BCH FL~~

TITLE **D** ☐ Delete

NAME **KRILOV, ALIM A.**

STREET ADDRESS ~~925 STILLWATER DR.~~

CITY-ST-ZIP ~~MIAMI BCH FL~~

TITLE ~~VD~~ ☒ Delete

NAME ~~FARSON, MARK T~~

STREET ADDRESS ~~925 STILLWATER DR.~~

CITY-ST-ZIP ~~MIAMI BCH FL~~

TITLE **ST** ☐ Delete

NAME **KRILOV, OLGA**

STREET ADDRESS ~~925 STILLWATER DRIVE~~

CITY-ST-ZIP ~~MIAMI BEACH FL~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition

NAME

9149 COLLINS AVE # 205

SURFSIDE, FLORIDA 33154

TITLE ☒ Change ☐ Addition

NAME

9149 COLLINS AVE # 205

SURFSIDE, FLORIDA 33154

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

9149 COLLINS AVE # 205

SURFSIDE, FLORIDA 33154

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 11 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

03/11/03

Date

Daytime Phone #

CR2E034 (10/02)