

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90128 009 \*\*\*150.00

**DOCUMENT # F00000002081**

1. Entity Name  
**NUR AMERICA, INC.**

Principal Place of Business

Mailing Address

33 NEEDHAM STREET  
 NEWTON MA 02461

33 NEEDHAM STREET  
 NEWTON MA 02461

2. Principal Place of Business

3. Mailing Address

*25 Christina St*  
 Suite, Apt. #, etc.

*25 Christina St.*  
 Suite, Apt. #, etc.

City & State

City & State

*Newton, MA*

*Newton, MA*

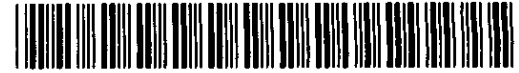
Zip: *02461* Country:

Zip: *02461* Country:

4. FEI Number **04-3300327**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

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

City

**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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAGIV, SHLOMO	
STREET ADDRESS	33 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BERKOWITZ, NATHAN	
STREET ADDRESS	33 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARASH, GEVA	
STREET ADDRESS	33 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON MA 02461	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREMER, HILEL	
STREET ADDRESS	5 DAVID NAVON STREET	
CITY-ST-ZIP	MOSHAV MAGSHIMM, ISRAEL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SHACHAR, EREZ	
STREET ADDRESS	5 DAVID NAVON STREET	
CITY-ST-ZIP	MOSHAV MAGSHIMM, ISRAEL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>25 Christina St. #</i>	
CITY-ST-ZIP	<i>Newton, MA 02461</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>25 Christina St.</i>	
CITY-ST-ZIP	<i>Newton, MA 02461</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nathan Berkowitz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/01* Date  
*617-527-2300* Daytime Phone #

CR2E034 (10/00)