

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 035 ***150.00

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

DOCUMENT # **F 00000002081** ✓

1. Entry Name
NUR AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4671 HWY 90 WEST
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SAN ANTONIO, TX

City & State

4. FEI Number

Applied For
 Not Applicable

Zip
78237

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 tax filer, applicable.

(NOTE: Registered Agent signature required when registering.)

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 \$250.00
 Amended UBR is \$81.25
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 EREZ SHACHAR
 12 ABBA HILLEL SILVER
 LOD, ISRAEL 7111**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**HILEL KREMER
 12 ABBA HILLEL SILVER
 LOD ISRAEL, 7111**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCFO
 JOEL JESELSOHN
 4671 HWY 90 WEST
 SAN ANTONIO, TX 78237**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPO
 GLENN JOHNSON
 4671 HWY 90 WEST
 SAN ANTONIO, TX 78237**

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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)(b), 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 partner 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 the other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR25094B (12/01)