

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90052 033 ***550.00

DOCUMENT # F94000005781

1. Entity Name

VERBACHIR CO. INC. ✓

Principal Place of Business

Mailing Address

C/O ISAAC FRANCO
 401 GOLDEN ISLES DR. #906 215
 HALLANDALE FL 33009
 US

C/O ISAAC FRANCO
~~401 GOLDEN ISLES DR. #906~~
~~HALLANDALE FL 33009~~
~~US~~

2. Principal Place of Business

3. Mailing Address

330 NORTH HIBISCUS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI BEACH, FL

4. FEI Number

52-1918920

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, ISAAC
~~401 GOLDEN ISLES DR~~
~~#506~~
 HALLANDALE FL 33009

Name

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

330 NORTH HIBISCUS DRIVE

City MIAMI BEACH

FL

Zip Code 33139

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOVICH, EVEGNI	NAME	
STREET ADDRESS	69 BOGRASHOV STREET	STREET ADDRESS	
CITY-ST-ZIP	TEL AVIV, ISRAEL	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROM, DAVID	NAME	
STREET ADDRESS	69 BOGRASHOV STREET	STREET ADDRESS	
CITY-ST-ZIP	TEL AVIV, ISRAEL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00
 Date

305-944-9704
 Daytime Phone #

CR2E034 (5/00)