

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000930**

1. Entity Name  
**YDB REALTY, L.C.**

**FILED**  
**00 JAN 28 PM 4:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
1991 NE 163RD STREET      1991 NE 163RD STREET  
NORTH MIAMI BEACH FL      NORTH MIAMI BEACH FL 33162-4825



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0775368**      Applied For Not Applicable

5. Certificate of Status Desired  **\$5.00** 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**

**WASERSTEIN, RICHARD**  
**913 NORMANDY DRIVE**  
**MIAMI BEACH FL 33141**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE NAME  Delete  
**MEM BERAHA, YASEF**  
STREET ADDRESS **1991 NE 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE NAME  Change  Addition  
**100003121171-6**  
STREET ADDRESS **-02/02/00--01082--023**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
**MEM YEHEZKEL, HAIM**  
STREET ADDRESS **1991 NE 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE NAME  Change  Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Delete  
**MEM DISHI, AVI**  
STREET ADDRESS **1991 NE 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE NAME  Change  Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Change  Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Change  Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE NAME  Change  Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**1-26-00 305949726**  
Date Daytime Phone #