

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

0009447

DOCUMENT # L98000000753

1. Entity Name
D AND Y COLLINS L.C.

01-22-2002 90098 029 ****50.00

Principal Place of Business

~~220 71ST STREET, SUITE 209~~
~~MIAMI BEACH FL 33141~~

Mailing Address

~~220 71ST STREET, SUITE 209~~
~~MIAMI BEACH FL 33141~~

908122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210-71 Street

3. Mailing Address

210-71 Street

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City, & State

Miami Beach, FL

City, & State

Miami Beach, FL

4. FEI Number

65-0867616

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip

Country

33141 USA

Zip

Country

33141 USA

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name **Joel S. Piotrkowski**

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

317-71 Street

City **miami Beach FL** Zip Code **33141**

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 *Haim Yehzekel* **Haim Yehzekel**

DATE **1/11/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
 NAME **YEHEZKEL, HAIM**
 STREET ADDRESS ~~220 71ST STREET, SUITE 209~~
 CITY-ST-ZIP ~~MIAMI BEACH FL 33141~~

TITLE **MGRM** Change Addition
 NAME **YEHEZKEL, HAIM**
 STREET ADDRESS **210-71 Street # 309**
 CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE **MGRM** Delete
 NAME **DISHI, AVI**
 STREET ADDRESS ~~220 71ST STREET, SUITE 209~~
 CITY-ST-ZIP ~~MIAMI BEACH FL 33141~~

TITLE **MGRM** Change Addition
 NAME **Dishi, AVI**
 STREET ADDRESS **210-71 Street # 309**
 CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: *Haim Yehzekel* **Haim Yehzekel** 1/11/02 (305) 864-8885

CR2E083 (9/01)