

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90026 014 \*\*\*150.00

01337890

**DOCUMENT # M90828**

1. Entity Name

**DAVID BARI'S JEWELRY AND LOAN, INC.**

Principal Place of Business

**167 S. STATE ROAD 7  
 MARGATE FL 33068  
 US**

Mailing Address

**167 S STATE RD 7  
 MARGATE FL 33068  
 US**

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 **65-0063393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL J. CPA  
 500 NE SPANISH RIVER BLVD #205  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **STEVEN Z OBERMAN**

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

**1101 W. McNAB Road Suite 202**

City **Tamarac**

**FL**

Zip Code **33321**

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

*Step Nay* / President /

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NAYMAN, OLEG</b> <b>4809 N.W. 104 TERRACE</b> <b>CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRINBERG, GREGORY</b> <b>271 N.W. 122 TERRACE</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Step Nay* / President /

Date

Daytime Phone #

**4/16/01 (954) 978-9700**

CR2E034 (10/00)