

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

DOCUMENT # **N02000004837**

1. Entity Name
MAOR YITZCHAK INC



04-10-2003 90449 001 *****8.75
04-10-2003 90449 002 ****61.25

Principal Place of Business
**3837 SW 50 CT
FORT LAUDERDALE FL 33312**

Mailing Address
**3837 SW 50 CT
FORT LAUDERDALE FL 33312**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
Zip Country

4. FEI Number
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ZINO, IGAL
3837 SW 50 CT
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent
Name **ELIEZER BOTTON**
Street Address (P.O. Box Number is Not Acceptable)
3898 STIRLING RD
City **Hollywood** FL Zip Code **33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **01/15/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	P	<input type="checkbox"/> Delete
NAME	BOTTON, ELIEZER	
STREET ADDRESS	4880 SW 37 TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZINO, IGAL	
STREET ADDRESS	3837 SW 50 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOTTON, DAVID L	
STREET ADDRESS	2400 NE 202 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE D	ZINO IGAL	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3837 SW 50 CT		
STREET ADDRESS	FORT LAUDERDALE FL 33312		
CITY-ST-ZIP			
TITLE T	TREASURER	DANIEL MAMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3898 SW 53 CT		
STREET ADDRESS	FT LAUDERDALE FL 33312		
CITY-ST-ZIP			
TITLE M	MARIU AVIGDOR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3837 SW 50TH CT		
STREET ADDRESS	FT LAUDERDALE FL 33312-8221		
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THE REQUIRED**

DATE **01/15/03** DAYTIME PHONE # **954 987-1000**

CR2037 (10/02)