

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
02-28-2001 90100 021 \*\*\*150.00

DOCUMENT # P99000104617

1. Entity Name

V.S.F. CORP.

Principal Place of Business

1839 SW 31ST AVE  
PEMBROKE PARK FL 33009  
US

Mailing Address

1839 SW 31ST AVE  
PEMBROKE PARK FL 33009  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0964798

Applied For

Not Applicable

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

FRIDMAN, YOSEF  
3391 NORTH PARK ROAD  
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 \$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	FRIEDMAN, VASI	3391 N PARK RD HOLLYWOOD FL 33021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	FRIEDMAN, LIOR	3391 N PARK RD HOLLYWOOD FL 33021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	LEVY, MEIR	18 E 42ND ST NEW YORK NY 10017	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	SHERNIFF, VICTOR	401 MAGEN CT SAVANNAH GA 31405	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	SHAMAH, CHAIM	4725 NORTHGATE BLVD MYRTLE BEACH SC 29577	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

Daytime Phone #

CR2E034 (10/00)