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## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Feb 01, 2002 8:00 am V42642 DOCUMENT # **Secretary of State** 1. Entity Name 02-01-2002 90004 042 \*\*\*150.00 R & H REALTY INVESTMENTS, INC. Principal Place of Business Mailing Address 220 71ST/ST. 6978 COLLINS AVE. MIAMI BEACH FL 33141 BEACH FL 33141 US 2. Principal Place of Business tee? Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 30 e Applied For City & State City & State 4. FEI Number 22-3181159 Not Applicable Country Zip Country \$8.75 Additional 4.2 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name YEHEZKEL, HAIM Street Address (P.O. Box Number is Not Acceptable) 220 71 STREET #209 MIAMI BEACH FL 33141 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, h the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition YEHEZKEL, HAIM NAME NAME CR2E034 310 220 713T ST., #218 STREET ADDRESS STREET ADDRESS **MIAMI BEACH FL 33141** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE MUSSAFFI, ROY NAME 11 220 71ST ST., #216 STREET ADDRESS STREET ADDRESS MIAMI-BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Délete TITLE NAME SHLOMO, O Z NAME 1 STREET ADDRESS 220 71ST ST., #216 STREET ADDRESS MIAMI-BEACH FL-39141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 darlie appears in Block 11 or Block 12 in Block

he appears in Block 11 or Block 12 if