

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005781

1. Entity Name

VERBACHIR CO. INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90052 033 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O ISAAC FRANCO  
 401 GOLDEN ISLES DR. #506 215  
 HALLANDALE FL 33009  
 US

C/O ISAAC FRANCO  
 401 GOLDEN ISLES DR. #506  
 HALLANDALE FL 33009  
 US

2. Principal Place of Business

3. Mailing Address

330 NORTH HIBISCUS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 MIAMI BEACH, FL

4. FEI Number 52-1918920

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

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

FRANCO, ISAAC  
 401 GOLDEN ISLES DR  
 #506  
 HALLANDALE FL 33009

Name

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

330

330 NORTH HIBISCUS DRIVE

City MIAMI BEACH

FL

Zip Code 33139

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 reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
 NAME LEIBOVICH, EVEGNI  
 STREET ADDRESS 69 BOGRASHOV STREET  
 CITY-ST-ZIP TEL AVIV, ISRAEL ☐ Delete

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

TITLE DST  
 NAME ROM, DAVID  
 STREET ADDRESS 69 BOGRASHOV STREET  
 CITY-ST-ZIP TEL AVIV, ISRAEL ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00  
 Date

305-944-9704  
 Daytime Phone #

CR2E034 (5/00)