

FROM :

FAX NO. : 3052956275

1/30.

FILED
Mar 06, 2001 8:00 am
Secretary of State

01-30-2001 90144 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000070369**

1. Entity Name

423A DUVAL, INC.

28585

Principal Place of Business Mailing Address
 329 DUVAL STREET 329 DUVAL STREET
 KEY WEST FL 33040 KEY WEST FL 33040

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

65-1027431

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$3.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZI, MORDECHAI
 329 DUVAL STREET
 KEY WEST FL 33040

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 fee if applicable.

(NOTE: Registered Agent signature required when filing.)

DATE

9. This corporation is eligible to satisfy its intangible
 tax filing requirements and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	ARAZI, MORDECHAI	329 DUVAL STREET KEY WEST FL 33040				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 as changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SECOND OFFICER OR DIRECTOR

01-01-01

(305) 293-0392

CP2001 (10/00)