

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90026 042 \*\*\*150.00

DOCUMENT # **P99000060582** ✓  
 1. Entity Name **Judico inc.**

**A0031097**

Principal Place of Business  
**19575 Biscayne Blvd.**  
**Aventura Mall Room 1281**  
**Aventura FL 33180**

Mailing Address  
**19575 Biscayne Blvd.**  
**Aventura Mall Room 1291**  
**Aventura FL 33160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0300312** 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

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 **Moshe Bitton** DATE **2/21/01**  
 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Change	Addition
	<b>DPV</b>			<input type="checkbox"/> Delete	
	<b>Bitton Moshe</b>	<b>19575 Biscayne Blvd #1281</b>	<b>Aventura FL 33180</b>		
	<b>DST</b>			<input type="checkbox"/> Delete	
	<b>Bitton Judith</b>	<b>19575 Biscayne Blvd #1281</b>	<b>Aventura FL 33180</b>		
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> 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 or without power of attorney.

SIGNATURE: **Moshe Bitton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR2E034 (11/00)