FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 008 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570846

1. Entity Name

816 North Atlantic Ave. Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
816 No. Atlantic Ave.	816 No. Atlantic Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach FL	City & State: Daytona Beach, FL
Zip: 32118 Country: USA	Zip: 32118 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1825570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert S. Levy

Street Address (P.O. Box Number is Not Acceptable): 1615 Forum Place, Suite 1B

West Palm Beach, FL 33401

City: West Palm Beach **FL** Zip Code: 33401

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: _____ Robert S. Levy, Reg. Agent
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Eli Rudensky
STREET ADDRESS	4301 Collins Avenue - #801
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	SD
NAME	Tzipporah Rudensky
STREET ADDRESS	4301 Collins Avenue - #801
CITY-ST-ZIP	Miami Beach, FL 33140
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Eli Rudensky, Pres. 4-25-02 386/255-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #