## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 18, 2002 8:00 am F01000002972 DOCUMENT # Secretary of State 1. Entity Name 02-18-2002 90124 001 \*\*\*300.00 MOBAT USA, INC. Mailing Address Principal Place of Business 1720 W. PAUL DIRAC DR. 1720 W. PAUL DIRAC DR. CIGGI TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3718061 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILLIPS, S. JAMES Street Address (P.O. Box Number is Not Acceptable) 1720 W. PAUL DIRAC DR. TALLAHASSEE FL 32310 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 12. ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME PERESS, YEHUDA STREET ADDRESS STREET ADDRESS 1720 WEST PAUL DIRAC DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME PHILLIPS, S. JAMES STREET ADDRESS STREET ADDRESS 1720 W. PAUL DIRAC DR. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change ☐ Addition Delete TITLE TITLE Ð NAME NAME HANA, RAFAEL STREET ADDRESS STREET ADDRESS 26 HASHOPTIM ST, P.O.B. 267 CITY-ST-ZIP CITY-ST-ZIP HOLON 58102 ISRAEL Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME KATZ, SAMUEL STREET ADDRESS 26 HASHOPTIM ST, P.O.B. 267 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLON 58102 ISRAEL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/02

DO40-011 (328)

Daytime Phone #

FILED