

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000101

1. Entity Name

KABBALAH (U.S.A.) CORP.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90047 033 ***150.00

Principal Place of Business

7000 WEST PALMETTO PARK ROAD, STE 400
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD, STE 400
BOCA RATON FL 33433-3425

2. Principal Place of Business

16225 VINTAGE OAKS LANE
Suite, Apt. #, etc.

3. Mailing Address

7000 W. PALMETTO PARK RD
Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33484

Country

U.S.A.

Zip

33433

Country

U.S.A.

4. FEI Number

65-0564514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARLEK, STEVEN
7000 WEST PALMETTO PARK ROAD, STE 400
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

STEVEN GARLEK

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

7000 W. PALMETTO PARK RD SUITE 200

City

BOCA RATON

FL

Zip Code

33433-3425

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 \$150.00
After MAY 1, 2000 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

TITLE D
NAME GABAY, LEON
STREET ADDRESS 430 RUE SMALL
CITY-ST-ZIP ST LAURENT, QUEBEC CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEON GABAY, MARCH 12, 2000 1-800-753-7444

CR20034 (9/99)