

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90095 008 ***150.00

DOCUMENT # F96000005947

1. Entity Name

TEFEN USA, LTD. INCORPORATED

Principal Place of Business

Mailing Address

**1065 E. HILLSDALE BLVD., #400
 FOSTER CITY CA 94404**

**1065 E. HILLSDALE BLVD., #400
 FOSTER CITY CA 94404-1615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

85-0411481

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**IZI, GIL
 7817 SUGAR BEND DRIVE
 ORLANDO FL 32812**

Name

YEOMANS, LINDSEY

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

4659 GAYSON COVE DR. #3018

City

ORLANDO

FL

Zip Code

32811

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ALBALAK, HAIM | |
| STREET ADDRESS | 1065 E. HILLSDALE BLVD., #400 | |
| CITY-ST-ZIP | FOSTER CITY CA 94404 | |
| TITLE | VDC | <input type="checkbox"/> Delete |
| NAME | LICHTENSTEIN, ARON | |
| STREET ADDRESS | 1065 E. HILLSDALE BLVD., #400 | |
| CITY-ST-ZIP | FOSTER CITY CA 94404 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GOLSTEIN, EFRAIM | |
| STREET ADDRESS | 1065 E. HILLSDALE BLVD., #400 | |
| CITY-ST-ZIP | FOSTER CITY CA 94404 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | SUN, SUZANNE | |
| STREET ADDRESS | 1065 E. HILLSDALE BLVD., #400 | |
| CITY-ST-ZIP | FOSTER CITY CA 94404 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SUZANNE SUN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-2000
 Date

(650) 577-8094 #114
 Daytime Phone #

CR2E034 (9/99)