

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90208 029 ***150.00

DOCUMENT # F96000005947

1. Entity Name
TEFEN USA, LTD. INCORPORATED



Principal Place of Business
1065 E. HILLSDALE BLVD., #400
FOSTER CITY CA 94404

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

10013669



2. Principal Place of Business
805 3RD AVE

3. Mailing Address
1065 E HILLSDALE BLVD

Suite, Apt. #, etc.
12TH FLOOR

Suite, Apt. #, etc.
SUITE 112

City & State
NEW YORK, NY

City & State
FOSTER CITY, CA

4. FEI Number **85-0411481**

Applied For
Not Applicable

Zip
10022

Country

Zip

94404

Country

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

6. Name and Address of Current Registered Agent

LINDSEY, YEOMANS
4659 CASON COVE DR 3018
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name
DAVID KAZEL
Street Address (P.O. Box Number is Not Acceptable)
7707 LAWRENCE RD
City **BOYNTON BEACH** **FL** **Zip Code** **33436**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> Delete
NAME	ROZENBLUG, ODED	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

650-577-8094

Date **Daytime Phone #**

CR2E034 (10/02)