

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90434 032 \*\*\*150.00

0500483

**DOCUMENT # G03379**

1. Entity Name

**668 OPERATING CO., INC.**

Principal Place of Business

Mailing Address

20191 EAST COUNTRY CLUB DR.  
 403  
 AVENTURA FL 33180  
 US

20191 EAST COUNTRY CLUB DR.  
 403  
 AVENTURA FL 33180  
 US

**929219**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2426057**

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

**IRIS AVRACH**  
 20191 EAST COUNTRY CLUB DR.  
 APT #403  
 AVENTURA FL 33180

Name

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

City

**FL**

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)

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, 2001 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:  Delete  
 NAME: **DPS**  
 STREET ADDRESS: **AVRACH, IRIS**  
 CITY-ST-ZIP: **20191 EAST COUNTRY CLUB DR., #403 AVENTURA FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **D**  
 STREET ADDRESS: **AXELROD, ARBIE**  
 CITY-ST-ZIP: **342 NE 61<sup>ST</sup> STREET MIAMI FL 33137**

TITLE:  Change  Addition  
 NAME: **Director**  
 STREET ADDRESS: **Axelrod, Manuela**  
 CITY-ST-ZIP: **342 NE 61<sup>ST</sup> Street MIAMI FL 33137**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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TITLE:  Change  Addition  
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TITLE:  Change  Addition  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 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: *IRIS AVRACH*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IRIS AVRACH** **3/10/01**  
 Date Daytime Phone #

CR2E034 (10/00)