## 2002 UNIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  OVED, JACK  3870 NORTH 31ST TERRACE HOLLYWOOD FL 33021  City FL  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 reinstaing)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  The property of the purpose of changing its registered Agent signature required when reinstaing)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 - Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  DETECTORS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP  OPA LOCKA FL  OPA LOCKA FL  CITY-ST-ZIP  TOTAL TRUE STADDRESS CITY-ST-ZIP  TOTAL TRUE STADDRESS CITY-ST-ZIP	SPACE A N \$8.75 Ac Fee Requir	Applied For Not Applicable dditional red
Suite. Apt. #, etc.  City & State  Country  5. Certificate of Status Desired  Anime  Name  Name  Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  FL  6. 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  Gundative byted or printed name of registered agent and store it applicable.  NOTE: Registered Agent signature sequined when remaining)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so (See criteria on back)  OFFICERS AND DIRECTORS  10. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  DP  OVED, JACK  4143 NW 132ND ST.  OPA LOCKA FL  Delete  TITLE  NAME  OVED, ZOHAR  11. Delete  OVED, JOHAR  11. Delete  TITLE  NAME  OVED, JOHAR  11. Delete  OVED, JOHAR  11. Delete  TITLE  NAME  OVED, JOHAR  11. STREET ADDRESS  CITY-ST-2IP  OVED, JOHAR  11. STREET ADDRESS  CITY-ST-2IP  OVED, ZOHAR  11. STREET ADDRESS  CITY-ST-2IP  OVED, ZOHAR  11. STREET ADDRESS  CITY-ST-2IP  OVED, ZOHAR  11. STREET ADDRESS  STREET A	\$8.75 Ac Fee Requir	Applied For Not Applicable dditional red
City & State  Country  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  6. 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:  Signature:  Signature:  Signature:  Signature:  Signature typed or printed name of registered agent and title 4 applicable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2002 - Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  DS  OVED, JACK  4143 NW 132ND ST.  OPA LOCKA FL  Delete  TILE  NAME  STREET ADDRESS	\$8.75 Ac Fee Requir	Not Applicable dditional red
City & State  Country  Country  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  6. 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 by Signature by Signature by Signature is predicted agent and title of applicable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2002- Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. NAME  STREET ADDRESS  CITY-ST-ZIP  OVED, JACK  4143 NW 132ND ST.  OPA LOCKA FL  Delete  TILE  NAME  OVED, ZOHAR  4143 NW 132ND ST.  OPA LOCKA FL  STREET ADDRESS  STREET AD	\$8.75 Ac Fee Requir	Not Applicable dditional red
Zip Country Zip Country 5. Certificate of Status Desired    6. Name and Address of Current Registered Agent    7. Name and Address of New Registered Agent    Name  OVED, JACK   3870 NORTH 31ST TERRACE   HOLLYWOOD FL 33021  City FL  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. byped or printed name of registered agent and title of applicable.    (NOTE: Registered Agent signature required when reinstasing) DATE  9. This corporation is eligible to satisfy its Intangible   Tax filling requirement and elects to do so.   (See criteria on back)    DP	\$8.75 Ac Fee Requir	Not Applicable dditional red
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SIGNATURE:

JONATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #