2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90176 013 ***150.00
K25295

DOCUMENT # K25295

1. Entity Name
SABRA INTERNATIONAL OF U.S.A., INC.

FILED
Aug 11, 2003 8:00 A.M
Secretary of State

Principal Place of Business	Mailing Address
~~PO BOX 678003~~ ~~CORAL SPRINGS FL 33067~~ ~~US~~	~~PO BOX 678003~~ ~~CORAL SPRINGS FL 33067~~ ~~US~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO BOX 4301	PO BOX 4301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH FL	City & State: DEERFIELD BEACH FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number 65-0052785 ☐ Applied For ☐ Not Applicable

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
~~MATAN, ARI C/O SABRA~~ ~~4967 RIVER SIDE DR.~~ ~~CORAL SPRINGS FL 33067~~ MATAN ARI PO BOX 4301 DEERFIELD BEACH FLORIDA 33442	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SEE STREET ADDRESS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MATAN, ARI 8222 WILES ROAD, N176 CORAL SPRINGS FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARI MATAN PO BOX 4301 DEERFIELD BEACH FL 33442 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	117 LOCK RD SUITE 3 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEERFIELD BEACH FL 33442 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 04/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN DATE