

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002996

1. Entity Name

IYH OF SOUTH FLORIDA, L.L.C.

Principal Place of Business

~~2500 DIANA DR., APT. 108~~  
~~HALLANDALE FL 33009-4825~~

Mailing Address

~~2500 DIANA DR., APT. 108~~  
~~HALLANDALE FL 33009-4825~~

2. Principal Place of Business

1940 Harrison St.

3. Mailing Address

1940 Harrison St.

Suite, Apt. #, etc.

200-B

Suite, Apt. #, etc.

200-B

City & State

Holly wood

City & State

Holly wood

Zip

33020-5072

Country

USA

Zip

33020-5072

Country

USA

4. FEI Number

65-0985449

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.

~~6551 W. SUNRISE BLVD., SUITE 102~~

~~PLANTATION FL 33322-4887~~

7. Name and Address of New Registered Agent

Name

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

1940 HARRISON ST.

STE. 200-B

City HOLLY WOOD

FL

Zip Code

33020-5072

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)

7/10/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

600004513626 8  
-08/03/01--01011--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MIZRACHI, ISSAC  
STREET ADDRESS 2500 DIANA DR., APT. 108  
CITY-ST-ZIP HALLANDALE FL 33009-4825

☐ Delete

TITLE MGRM  
NAME MIZRACHI, HANI  
STREET ADDRESS 2500 DIANA DR., APT. 108  
CITY-ST-ZIP HALLANDALE FL 33009-4825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

800-203-2347

FILED  
01 JUL 30 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)