FILED

Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90027 010 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028289

1. Entity Name

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Principal Place of Business Mailing Address											
· - : • · · ·	Olmer, esq. Vay one, ste. 400 Beach Fl 33408	P.O. BOX 13146 NORTH PALM BEACH FL 33408-7146			 	NA 811 WAR SWEET AND	ATINI ATINA MT	a i 1 8 11% kr af i 11	1/		
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES							
City & State	· ·	City & State			ľ	4. FEI Number A					
Zip	Country	Zip Country				05-0537654 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7. Name s	and Address of New Re					
	U. Italia alia Addiesa di Caliente	Trogistered Agent		Name	7. (4)	and Address of New Yor	giotorea A	your.			
	MER, BRENT ESQ. IEN, NORRIS, SCHERER ET AL		ļ		ess (P.O. Box Nur	mber is Not Acceptable)					
712	US HIGHWAY ONE, STE. 400 TH PALM BEACH FL 33408		٠ . ا				 ,				
11011	IN FALIR DENOTE SO TO			City			FL	Zip Cod	e ,		
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	d Agent signature rec	quired when reinstating)) .	DATE				
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		Make Check Payabl		-	ment of State						
		Duit Duit	Dy IVIE	ay 1, 2003		<u> </u>					
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/	CHANGES				
TITLE	Managing Member	r 🗀 Delete	TITLE					Change	☐ Addition		
NAME	Shaul Levy	_	NAMI	E							
STREET ADDRESS	5650 South Kin	as Highway		ET ADDRESS					(
CITY-ST-ZIP	- Myrtle Beach,		CITY-	-ST-ZIP							
TITLE	Managing Member	1 1 5 1 4	TITLE					Change	☐ Addition		
NAME		L	NAME	<u> </u>							
STREET ADDRESS	Meir Levy	OLL TIT	STRE	ET ADDRESS					1		
CITY-ST-ZIP	8 East 41st St		CITY-	-ST-ZIP			_				
TITLE	New York, NY	Delete	TITLE					Change	☐ Addition		
NAME _	المالي المهامية الماليون	لين از چان درياد اين ميدوس پايد					مسد				
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TITLE		Delete	TITLE					Change	☐ Addition		
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·										
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 14, 2003 (212) 481-8299