

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 024 ***150.00

DOCUMENT # L58805

1. Entity Name

SCHOOL ZONE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
23 SOUTH ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH, FL

City & State

4. FEI Number
59-2998561

Applied For
Not Applicable

Zip
32118

Country
VOLUSIA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MORALI, YEHUDA

Street Address (P.O. Box Number is Not Acceptable)
3 SWEET MEADOW COURT

City
ORMOND BEACH FL Zip Code
32174

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

YEHUDA - MORALI *4-28-02*

Signature, typed or printed name of registered agent and the 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MORALI, YEHUDA
3 SWEET MEADOW COURT
ORMOND BEACH, FL. 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEN SOHAFF, NISSIM
23 SO ATLANTIC AVE
DAYTONA BEACH, FL 32118

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

YEHUDA - MORALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #