

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98-0000020687

1. Entity Name Limited Liability Company
BEN-DAVID INVESTMENTS, L.C.

FILED

01 MAR 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 20191 E. Country Club Dr.
Suite #2701
Aventura, FL 33180

Mailing Address 20191 E. Country Club Dr.
Suite #2701
Aventura, FL 33180

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0870697

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Howard S. Weinstein, Esq.
2875 N.E. 191 St., Suite #304
Aventura, FL 33180

7. Name and Address of New Registered Agent

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.

SIGNATURE 

NOTE: Registered Agent signature required when re-stating

3/12/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003911908--8
-03/27/01--01055--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME ILAN MENDELSON
STREET ADDRESS 20191 E. Country Club Dr., #2701
CITY-ST-ZIP Aventura, FL 33180

TITLE MGRM ☐ Delete
NAME ISRAEL BEN-DAVID
STREET ADDRESS Apus 25 Street
CITY-ST-ZIP Herzlia, Israel

TITLE MGRM ☐ Delete
NAME ALON BEN-DAVID
STREET ADDRESS Apus 23 Street
CITY-ST-ZIP Herzlia, Israel

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☒ Change ☐ Addition
NAME ISRAEL BEN-DAVID
STREET ADDRESS Apus 25 Street
CITY-ST-ZIP Herzlia, Israel

TITLE M ☒ Change ☐ Addition
NAME ALON BEN-DAVID
STREET ADDRESS Apus 23 Street
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/9/01 305-932-7171

CR25003 11/1/00