

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007034

1. Entity Name

Judaica Depot, L.C.

Principal Place of Business
7 Balfour Place
Suite F-1
Brooklyn, NY 11225

Mailing Address
7 Balfour Place
Suite F-1
Brooklyn, NY 11225

2. Principal Place of Business
2958 Day Avenue

3. Mailing Address
2958 Day Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

4. FEI Number
58-2509233

Applied For
Not Applicable

Zip
33133

Country

Zip
33133

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A Z Registered Agent Corporation
2601 South Bayshore Dr., Ste 1600
Miami, FL 33133

Name
Menachem Fellig

Street Address (P.O. Box Number is Not Acceptable)
2958 Day Avenue

City
Coconut Grove

FL Zip Code
33133

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

Menachem Fellig Menachem FELLIG

04/24/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Operating Manager
Menachem Fellig
7 Balfour Place, Suite F-1
Brooklyn, NY 11225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Operation Manager
Menachem Fellig
2958 Day Avenue
Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Henchi Fellig
7 Balfour Place, Suite F-1
Brooklyn, NY 11225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Henchi Fellig
2958 Day Avenue
Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ Delete

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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: *Menachem Fellig*

Menachem FELLIG

04/24/01

3054455444

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

Daytime Phone #