4/4/01

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 27, 2001 8:00 am**
**Secretary of State**
04-04-2001 90244 001 ***280.00

DOCUMENT # N00000005852

1. Entity Name

FRIENDSHIP CIRCLE OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3713 MAIN HWY<br>COCONUT GROVE FL 33133 | 3713 MAIN HWY<br>COCONUT GROVE FL 33133 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AZ REGISTERD AGENT CORPORATION
2601 S. BAYSHORE DR., #1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name MENACHEM FELLIG

Street Address (P.O. Box Number is Not Acceptable) 3713 MAIN HIGHWAY

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES-D<br>YAKOV FELLIG<br>3713 MAIN HIGHWAY<br>COCONUT GROVE FL 33133 | [ ] Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP-D<br>GUTAL FELIG<br>3713 MAIN HIGHWAY<br>COCONUT GROVE, FL 33133 | [ ] Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC-TREASURER-D<br>MENACHEM FELLIG<br>2985 DAY AVE<br>COCONUT GROVE, FL 33133 | [ ] Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] Change [ ] Addition |

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/29/01 305 445-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #