

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90064 035 \*\*\*\*61.25

DOCUMENT # N01000003429

1. Entity Name

YDF, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1030 NE 177 TERRACE

3. Mailing Address

1030 NE 177 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-1105225

Applied For

Not Applicable

Zip

33160

Country

DADE

Zip

33160

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name LINDA SAFRO

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

8781 HOLLY CT.

City TAMARAC

FL

Zip Code

33321

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE P  
NAME BRUCE LEVY  
STREET ADDRESS 1030 NE 177 TERRACE  
CITY-ST-ZIP NO. MIAMI BEACH, FL 33160

TITLE D  
NAME MOSHE BELOGORODSKY  
STREET ADDRESS 1030 NE 177 TERRACE  
CITY-ST-ZIP NO. MIAMI BEACH, FL 33160

TITLE D, V  
NAME MORDECAI SOBELSON  
STREET ADDRESS MAALE AMOS, ISRAEL  
CITY-ST-ZIP

TITLE D, S  
NAME RICHARD ZIM  
STREET ADDRESS 1980 E. 8th ST  
CITY-ST-ZIP BROOKLYN, NY 11223

TITLE D  
NAME YEHUDA RICHTER  
STREET ADDRESS ELON MOREH, ISRAEL  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

[Signature]

4/30/02

305 658-2585