

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008121

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: TORA CENTER INC.

Current Principal Place of Business:

3389 SHERIDAN ST #101
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3389 SHERIDAN ST #101
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRI-HADASH, AMNON
3389 SHERIDAN ST #101
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR () Change (X) Addition
Name: PRI-HADASH, AMNON
Address: 3389 SHERIDAN ST #101
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR () Change (X) Addition
Name: ZVI, OFER
Address: 3389 SHERIDAN ST #101
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR () Change (X) Addition
Name: LEVY, ARNON
Address: 3389 SHERIDAN ST #101
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMNON PRI-HADASH

DR

04/30/2002

Electronic Signature of Signing Officer or Director

Date