

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90120 005 \*\*\*\*\*61.25

**DOCUMENT # N97000005958**

1. Entity Name

**EZRAS-YISROEL, INC.**

Principal Place of Business

1900 S.W. 3RD AVE.  
 C/O ROSS & SROKA, P.A.  
 MIAMI FL 33129

Mailing Address

1900 S.W. 3RD AVE.  
 C/O ROSS & SROKA, P.A.  
 MIAMI FL 33129

2. Principal Place of Business **C/O MBA+CO**

**1001 BRICKELL BAY DRIVE**

Suite, Apt. #, etc.

**9TH FLOOR**

3. Mailing Address **C/O MBA+CO**

**1001 BRICKELL BAY DRIVE**

Suite, Apt. #, etc.

**9TH FLOOR**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0791086**

Applied For

Not Applicable

Zip

**33131**

Country

Zip

**33131**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, BARRY I**  
**1900 S.W. 3RD AVE.**  
**C/O ROSS & SROKA, P.A.**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

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

**C/O MBA+CO, 1001 BRICKELL BAY DRIVE**  
**9TH FLOOR**

City

**MIAMI**

**FL**

Zip Code

**33131**

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 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

TITLE **PD** ☐ Delete  
 NAME **ROSS, BARRY**  
 STREET ADDRESS **1900 S.W. 3RD AVE.**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **DS** ☐ Delete  
 NAME **ZEMEL, DANIEL**  
 STREET ADDRESS **2875 N.E. 191ST STREET STE. 304**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DT** ☐ Delete  
 NAME **LAPCIUC, MARCOS**  
 STREET ADDRESS **1430 N.W. 88TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **C/O MBA+CO, 1001 BRICKELL BAY DRIVE**  
 CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)