

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

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

05-16-2002 90060 018 ****61.25

DOCUMENT # N97000005958

1. Entity Name

EZRAS YISROEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O MBA & CO

3. Mailing Address C/O MBA & CO

1001 BRICKELL BAY DRIVE

1001 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9TH FLOOR

9TH FLOOR

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

U.S.

33131

U.S.

4. FEI Number

65-0791086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ROSS, BARRY I

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

1001 BRICKELL BAY DRIVE, 9TH FLOOR

C/O MORRISON, BROWN, ARGIZ & COMPANY

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

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 PD
NAME ROSS, BARRY
STREET ADDRESS 1001 BRICKELL BAY DR. 9TH FL
CITY - ST - ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DS
NAME ZEMEL, DANIEL
STREET ADDRESS 2875 NE 191ST STREET, STE.304
CITY - ST - ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

PRESIDENT

4/30/02 305-373-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)