

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005658

1. Entity Name

YOVEL, INC.

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90345 046 \*\*\*\*61.25

Principal Place of Business

8360 WEST OAKLAND PARK BOULEVARD  
SUITE 201  
SUNRISE FL 33351

Mailing Address

8360 WEST OAKLAND PARK BOULEVARD  
SUITE 201  
SUNRISE FL 33351

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

65-0866697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KADOCH, DAVID  
8360 WEST OAKLAND PARK BOULEVARD  
SUITE 201  
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME SARAF, YOEL  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE D  
NAME SHASHUA, CARMEL  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE D  
NAME ELKAYAM, RAFAEL  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE D/P  
NAME KADOCH, DAVID  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE D  
NAME GOLAN, AMNON  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE D/P  
NAME ZOHAR, ZION DR.  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01

954-749-2030

CR2E037 (10/00)