2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # **N99000004278** 1. Entity Name 04-28-2003 90234 009 ****61.25 BENEI YISRAEL INC. Principal Place of Business Mailing Address 9992 SW 196TH ST 9992 SW 196TH ST MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0938232 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIAS, BARTOLOME E Street Address (P.O. Box Number is Not Acceptable) 9992 SW 196TH ST **MIAMI FL 33157** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change ☐ Addition frias. Barldome NAME NAME STREET ADDRESS 9992 SW 196TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITÝ-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change FRIAS, OBED ! NAME 9985 MARLIN ROAD ------STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change FRIAS, ABDIEL NAME NAME STREET ADDRESS 9992 SW 196TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change Gonzales, Roberto NAME NAME 10031 SW 41 TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition

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. 305

STREET ADDRESS CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREET ADDRESS

03-04-03 259.4702

FILED