FROM : GIL COHEN FAX NO. : 9544214570

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 21, 2000 8:00 am**
**Secretary of State**
05-22-2000 90046 007 ***150.00

DOCUMENT # N99000004297

1. Entity Name
JEWISE X-PRESS, INC.

JACOB SHARON

| Principal Place of Business | Mailing Address |
|---|---|
| 1893 NE 164TH STREET # 111<br>NMB, FL 33162 | 1893 NE 164TH ST # 111<br>NMB, FL 33162 |

[redacted]

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0934045 ☐ 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 |
|---|---|
| JAKOB SHARON<br>1893 NE 164TH STREET # 111<br>NMB, FL 33162 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 JACOB SHARON 4/21/00
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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JUN 21 2000
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRS<br>JAKOB SHARON<br>1893 NE. 164 STREET # 111<br>NMB, FL 33162 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>JENNY CARRERA<br>1893 NE 164 STREET #111<br>NMB, FL 33162 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>EYAL BARAK<br>1893 NE 164 STREET # 111<br>NMB, FL 33162 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB SHARON 4/21/00 (305) 945-8305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #