

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90015 029 \*\*\*150.00

**DOCUMENT # P00000019968**

1. Entity Name

**ISRAEL PROPERTIES CLUB INC.**

Principal Place of Business

2525 N. STATE ROAD 7  
SUITE 215  
HOLLYWOOD FL 33021

Mailing Address

2525 N. STATE ROAD 7  
SUITE 215  
HOLLYWOOD FL 33021

2. Principal Place of Business

2525 N. STATE RD 7

Suite, Apt. #, etc.

# 115

City & State

HOLLYWOOD, FL

Zip

33021

Country

3. Mailing Address

2525 N. STATE RD 7

Suite, Apt. #, etc.

# 115

City & State

HOLLYWOOD, FL

Zip

33021

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0983272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORGAD, ITZHAK  
2525 N. STATE ROAD 7  
SUITE 215  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

ORGAD, ITZHAK

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

2525 N. STATE RD 7 # 115

City

HOLLYWOOD

FL

Zip Code

33021

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.

ORGAD ITZHAK

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORGAD, ITZHAK	
STREET ADDRESS	2525 N. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, EREZ	
STREET ADDRESS	2525 N. STATE ROAD 7	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORGAD, SHOSH	
STREET ADDRESS	2525 N. STATE RD 7	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ITZHAK ORGAD

Date

1/16/01

Daytime Phone #

954-966-1141

CR2E034 (10/00)