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## 2001 UNIFORM BUSINESS REPORTS(UBR)

FH\_P00000020277 . DOCUMENT # P00000020277 SECRETARY OF STATE DRIEFUNDING. INC. 02 MAR 22 PM 4: 00 Principal Place of Business Mailing Address 3531 GRIFFIN ROAD 3531 GRIFFIN ROAD FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City &/State City & State 4. FEI Number Applied For Not Applicable 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 HAGEN, MAX ESQ. Street Address (P.O. Box Number is Not Acceptable) 3531 GRIFFIN ROAD FORT LAUDERDALE FL 33312 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. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE □ Delete TITLE TZORFATI. MAURICE NAME NAME 20314 N.E. 34TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SARFATI, ROY NAME NAME STREET ADDRESS 20314 N.E. 34TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 TITLE ☐ Delete ☐ Change Addition NAME NAME 100005282601 STREET ADDRESS STREET ADDRESS 04/16/02---01056---005 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 directed of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all officer like empowered. SIGNATURE: SIGNATURE AND TYPE