## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000028700



1. Entity Nam		MANAGEMENT	CORPO			06-02-2003 9	90196 039	***150.0	)()			
Principal Place of Business 3802 NE 207TH STREET APT 2901 AVENTURA FL 33180			3802	Mailing Address 3802 NE 207TH STREET APT 2901 AVENTURA FL 33180			1 (41)	188) (11 <b>25</b> 1)1 8 <b>2</b> 111 8 <b>3</b> 111 <b>28</b>	1181 <b>Bri</b> ll <b>Br</b> ild 118	<b>a</b> i 1810 2002	1911 <b>0</b> 1 <b>0</b> 31 1801	
2. Principal F	Place of Busir	ness	3. Mai	3. Mailing Address								
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Star	te .		City	City & State			4. FEI Numb	EL-1019900			oplied For ot Applicable	
Zip	Country		Zip			try		e of Status Desired	* LJ **F	<b>8.75</b> Add ee Require	fitional d	
. •	6. Name	and Address of Curre	ent Registere		7. Name an	d Address of New F	Registered A	gent				
						Name						
Kaganas, Zulria						Street Address (P.O. Box Number is Not Acceptable)						
3802 NE 207TH STREET APT 2901							·					
AVENTURA FL 33180												
				City			FL	Zip Cod	e			
	named entity tions of regist	y submits this statementered agent.	nt for the purp	ose of changing its	registere	d office or register	red agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered ac	gent and title if app	licable. (NOTE	E: Registered	Agent signature required	d when reinstating)		DATE			
F Afte	!! FEE \$150.00 03 Fee \$1 be \$550.0 o Florida copartmen				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.		FFICERS A	ND DIRECTO	RS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE	D ·	- Sex		☐ Delete	TITLE					Change	☐ Addition	
NAME	KAGANAS	, ISRAEL			NAME							
STREET ADDRESS CITY-ST-ZIP		207TH STREET APT	2901	1		ET ADDRESS ST-ZIP						
		A FL 33180	·		-							
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12. I hereby certify that the information supplied with this filling 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 on trustee empowered to execute this report as required by Chapter 607, 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: