## 2001 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2001 8:00 am DOCUMENT # P00000037256 Secretary of State 1. Entity Name 05-14-2001 90211 015 \*\*\*150.00 E.D.Y. INC. Principal Place of Business Mailing Address 4100 N. 28TH TERR. 4100 N. 28TH TERR. 004.5 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business 1051 Washinston AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1015210 Not Applicable Miauri \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 33139 ڪڻ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STONE, ADELE I ESQ Street Address (P.O. Box Number is Not Acceptable) 1946 TYLER ST. HOLLYWOOD FL 33020 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. (NOTE: Rigistered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ■ Addition ☐ Delete TITLE NAME EliPAHU LEVY 12435 Keystone Isl. Drive NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIGWI 33181 ☐ Change ☐ Addition TITLE Delete TITLE Doron Malinashy NAME NAME 9 n. 34 street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hollywood 33021 ☐ Addition ☐ Change Delete TITLE TITLE NAME 3120 ROYAL POSTUM-STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Wigmi ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Deleta 🗆 TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

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