

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 22, 2001 8:00 am
Secretary of State

04-25-2001 90062 027 ***150.00

DOCUMENT # P00000052334

1. Entity Name

GNJ MANUFACTURING, INC.

Principal Place of Business

**ISREALI DISCOUNT BUILDING
 14 N.E. 1ST AVENUE, SUITE 202
 MIAMI FL 33132**

Mailing Address

**ISREALI DISCOUNT BUILDING
 14 N.E. 1ST AVENUE, SUITE 202
 MIAMI FL 33132**

2. Principal Place of Business

190 NE 199 Street

3. Mailing Address

SAME

City, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

North Miami Beach FL

City & State

4. FEI Number

65-1013709

Applied For

Not Applicable

Zip

33179

Country

State

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAZIA, CARMELA
 14 N.E. 1ST AVENUE, SUITE 202
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

SAME

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

190 NE 199 Street Suite 103

City

N.M.B.

FL

Zip Code

33167

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/2001

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	VT	<input type="checkbox"/> Delete
NAME	GAVARA, EREZ	
STREET ADDRESS	14 NE 1ST AVE, STE 202	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NAFTALI, YOSI	
STREET ADDRESS	14 NE 1ST AVE, STE 202	
CITY-ST-ZIP	MIAMI FL 33132	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVARA, EREZ	
STREET ADDRESS	190 NE 199 Street Suite 103	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Naftali, Yosi	
STREET ADDRESS	190 NE 199 Street, Suite 103	
CITY-ST-ZIP	North Miami Beach, FL 33179	
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]

Date

Daytime Phone #

CR2E034 (10/00)