

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90657 001 ***450.00

DOCUMENT # P00000052334

1. Entity Name

GNJ MANUFACTURING, INC.

Principal Place of Business

**190 NE 199 STREET
 103
 NORTH MIAMI BEACH FL 33179**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

190 NE 199 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

City & State

North Miami Beach

Zip

Country

Zip

Country

33179

USA

4. FEI Number

65-1013709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RAZLA, CARMELA

170 NE 199 STREET

SUITE 103

NORTH MIAMI BEACH FL 33167

7. Name and Address of New Registered Agent

Name

Razla, Carmela

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

190 NE 199 Street

Suite 103

City

North Miami Beach

FL

Zip Code

33179

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **P** ☐ Delete
 NAME **GAVARA, EREZ**
 STREET ADDRESS **14 NE 1ST AVE, STE 202**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VP** ☐ Delete
 NAME **NAFTALI, YOSI**
 STREET ADDRESS **190 NE 199 STREET, STE 103**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33-179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

4. 18-02.

Date

305-651-1801

Daytime Phone #

CR2E034 (9/01)