CR2E034 (10/02)

2003 FOR PROFIT CORPORATION

UN	IIFORM BUSIN	ESS REPOR	T (UBR)	Apr 07, 2003 6.00 am
1. Entity Nar		00075902		Secretary of State 04-07-2003 90129 028 ***150.00
Principal Place of Business 5052 NW 123RD AVENUE CORAL SPRINGS FL 33076 US		Mailing Address 5052 NW 123RD AVENUE CORAL SPRINGS FL 33076 US	6	
2. Principal Place of Business		3. Mailing Address		T I B D I B D I H I B D I H D D I H D D I H D D I H D D I H D D D D
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-1031757 Applied For Not Applicable
_ĝ Zip	Country	Zip	Country	5. Certificate of Status Sesired \$8.75 Additional Fee Required
•	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
BOUZALG	*		Street Addre	ess (P.O. Box Number is Not Acceptable)
5052 NW 123RD AVE CORAL SPRINGS FL 33076				
			City	FL Zip Code
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Agent signature rec	quired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		ND DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUZAGLO, HAVIV 5052 NW 123RD AVE CORAL SPRINGS FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
NA M E	ST BOUZAGLO, SOL 5052 NW 123RD AVE CORAL SPRINGS FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOUZAGLO, YANIV 5052 NW 123RD AVE CORAL SPRINGS FL 33076	· - · · · Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chânge ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

SIGNATURE:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #