## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000081894 1. Entity Name AYELET HASHAHAR, INC. 04-26-2001 90322 035 \*\*\*150.00 Principal Place of Business Mailing Address 909 NE 30TH COURT 909 NE 30TH COURT OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 STIECUUS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Aot, #, ctc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 0389 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Gueta GASS, DANIEL G Street 10001 NW 50TH STREET SUITE 204 SUNRISE FL 33351 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 egistered agent and title if applicable INOTE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE TRESIDENT **X** Addition GUETA, AYELET H NAME NAME STREET ADDRESS 6519 RACQUET CLUB DRIVE STREET ADDRESS CHY-SI-ZF CITY-ST-7iP LAUDERHILL FL 33319 SECRETARY DIRECTOR TITLE Delete TITLE ☐ Change Additio: BENJAMIN GUETA NAME NAME 6519 RACQUET CLUS DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-7'P CITY-ST-78 AUDERHILL FL 33319 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-ZiP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Add?tion NAME NAME \*\*\*PET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T!TLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7 P C!TY-ST-ZI2 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 f

ESIDENT

with all other like empowered

GNING OFFICER OR DIRECTOR

CR2E034 (10/00)