2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # P00000081894 1. Entity Name AYELET HASHAHAR, INC. 05-19-2002 90024 009 ***150.00 Principal Place of Business Mailing Address 909 NE 30TH COURT 909 NE 30TH COURT O O T I J Z OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 6519 Racquetchs 4. FEI Number Applied For 65-1038479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUETA, AYELET H** Street Address (P.O. Box Number is Not Acceptable) 909 NE 30TH CT OAKLAND PARK FL 33334 City 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. name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Defete TITLE ☐ Addition NAME GUETA, AYELET H NAME 6519 RACQUET CLUB DRIVE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Gurta) Benjamin NAME STREET ADDRESS 6519 RACQUET CLUB DRIVE STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME " NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

(9/01)