## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P0000085818 1. Entity Name 03-15-2001 90204 035 \*\*\*150.00 IVES INVESTOR CORPORATION Principal Place of Business Mailing Address 20360 NE 22ND PL 20360 NF 22ND PL N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAINSTEIN, ISRAEL Street Address (P.O. Box Number is Not Acceptable) 20360 NE 22ND PL N MIAMI BEACH FL 33180 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 Fiorlda. Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent significate required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DI BENERAL MONAGER CR2E034 (10/00) D TITLE Delete TITLE KROTTORO, YOSEF NAME NAME STREET ADDRESS STREET ADDRESS 2010 NE 211TH TER CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 D, TREASURER AND SECRETARY Change Delete TITLE ☐ Addition VAINSTEIN, ISRAEL NAME VAINSTEINLISREAL ISRAEL MALKE STREET ADDRESS STREET ADDRESS 20360 NE 22ND PL CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33180 ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ■ Addition mie ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Accition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 earth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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. ISBAEL VAINSTEIN, DIRECTOR

DIRECTOR

SIGNATURE:

3/15

FILED