

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092146

1. Entity Name
LAVI-BAR, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90918 039 ***150.00

Principal Place of Business

Mailing Address

1853 NW 93 WAY
PLANTATION FL 33322

1853 NW 93 WAY
PLANTATION FL 33322

2. Principal Place of Business

533 NE 13th Street

3. Mailing Address

533 NE 13th Street

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Ft Lauderdale FL 33304

City & State

Ft Lauderdale FL

Zip

33304

Country

USA

Zip

33304

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARASHI, MOSHE

1853 NW 93 WAY

PLANTATION FL 33322

Name

Barashi, Moshe

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

533 NE 13th Street

Suite 103

City

Ft Lauderdale, FL

FL

Zip Code

33304

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BARASHI, MOSHE
CITY-ST-ZIP 1853 NW 93 WAY
PLANTATION FL 33322

TITLE ☐ Change ☒ Addition
NAME P/S/T/D
STREET ADDRESS Barashi, Moshe
CITY-ST-ZIP 533 NE 13th Street, Suite 103
Ft Lauderdale, FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

CR2E034 (10/00)

522-1179

✓ 01/31/01 ✓ (950) 645-0444