2001 UNIFORM BUSINESS REPORT (UBR)

3/28/01-90204-015-$150.00-$150.00

1q2

DOCUMENT # P00000106087

1. Entity Name

CHAIM TOVIA P.A.

FILED

01 OCT 15 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13100 NW 11TH DR SUNRISE FL 33323	13100 NW 11TH DR SUNRISE FL 33323

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1054525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARDI, EVE
101 BRINY AVE #1705
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

City FL 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CHAIM TOVIA PRES. ☐ Delete 13100 NW 11TH DR SUNRISE FL. 33323-2951	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: CHAIM TOVIA 10/6/01 954-383-71

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

EVE SARDI

101 Briny Ave #1705
Pompano Beach Fl. 33062
Phone: 954-785-6008
Fax: 954-785-6025

ldras@mediaone.net

October 12, 2001

Dept. of State Div. of Corporations
409 Gaines St.
Tallahassee, Fl. 32399

Dear Sirs:

Attached you will find a copy of the completed form that we mailed back in July.

As we have paid the fees in February 2001 we do not understand how you never received it.

We will appreciate the reinstate of the corporation, as it is active.

Thank you for your cooperation.

Sincerely,

Eve Sardi