

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90005 037 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT**

DOCUMENT # P0000117549

1. Entity Name

SMADAR ZANGI INC

Principal Place of Business

Mailing Address

580 EGRET DR #104  
 HALLANDALE FL. 33009

580 Egret Dr. #104  
 HALLADALE FL. 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as above

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

651065867

5. Certificate of Status Desired ☐\$8.75  
Fee Req.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZANGI SMADAR  
 580 EGRET DR #104  
 HALLANDALE FL. 33009

Name

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

Same as above

City

FL

Zip

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 Agents sign and print name 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. ☐

\$  
Ad

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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: 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Smadar

July.09.2001

Florida Department Of State  
Division Of Corporations  
409 East Gain Street  
Tallahassee, Fl 32399

Re: P0000117549

I have just been notified by my new Accountant of the annual fee that needs to be paid for my Corporation Renewal. Please note that I was not informed nor did I receive any renewal forms to do so at that time, and therefore, I am now submitting the annual fee along with a form prepared by my accountant.

Please accept this and waive any penalties, As I never received the annual report or any other notifications.

Thanking you in advance for your attention to this very important manner.

Sincerely

Smadar Zangi  
President



Attachment

10680