# UNIFORM BUSINESS REPORT (UBR)

05-10-2002 90063 020 ***150.00

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0093731

DOCUMENT # P01000030984 ✓

1. Entity Name

PLANET SURVIVAL, INC.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 12505 SW. 88 Ct. | 12505 SW. 88 Ct |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Miami, Fl. | Miami, Fl. |
| City & State | City & State |
| 33176 USA | Miami Fl |
| Zip / Country | Zip / Country |
| 33176 USA | 33176 USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number — NONE — ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: KLEIMAN EVAN M. ESQ.

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

901 South FEDERAL Highway Suite 300

City: FORT LAUDERDALE FL Zip Code: 33316

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
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

| | |
|---|---|
| TITLE | Director |
| NAME | EREZ MIKI |
| STREET ADDRESS | 12505 SW. 88 Ct |
| CITY-ST-ZIP | Miami, Fl. 33176 |
| TITLE | Director |
| NAME | EREZ LISSETTE A |
| STREET ADDRESS | 12505 SW 88 Ct |
| CITY-ST-ZIP | Miami, Fl. 33176 |
| TITLE | |
| NAME | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-28-02 (305) 259-7694

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