

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90168 016 \*\*\*150.00

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**DOCUMENT # P01000034334**

1. Entity Name  
**VAJASU INVESTMENTS, INC.**

Principal Place of Business  
**C/O JOSHUA S. GALITZER  
17101 N.E. 6TH AVENUE  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**C/O JOSHUA S. GALITZER  
17101 N.E. 6TH AVENUE  
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business  
**Reuven Masei**  
Suite, Apt. #, etc.  
**15335 West Dixie Hwy**  
City & State  
**Miami FL**  
Zip  
**33162** Country  
**USA**

3. Mailing Address  
**REUVEN MASEL**  
Suite, Apt. #, etc.  
**15335 West Dixie Hwy**  
City & State  
**Miami FL**  
Zip  
**33162** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1112176** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GALITZER, JOSHUA S  
17101 N.E. 6TH AVENUE  
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
Name  
**Robert Masei**  
Street Address (P.O. Box Number is Not Acceptable)  
**15335 West Dixie Hwy**  
City  
**Miami FL** Zip Code  
**33162**

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 **Robert Masei President** DATE **3/15/2002**  
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASEL, ROBERT 801 THREE ISLANDS BLVD. BLDG. 4 #110 HALLANDALE FL</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert Masei** DATE **3/15/02** DAYTIME PHONE # **305 949 4080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)