

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035452

1. Entity Name
YEHUDA ENTERPRISES, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 022 ***150.00

Principal Place of Business
9261 SOUTHAMPTON PLACE
BOCA RATON FL 33434

Mailing Address
9261 SOUTHAMPTON PLACE
BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20423 St. Road 7
Suite, Apt. #, etc.
Suite F-3

3. Mailing Address
20423 St. Road 7
Suite, Apt. #, etc.
Suite F-3

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1101953

Applied For
Not Applicable

Zip Country
33498 Palm Beach

Zip Country
33498 Palm Beach

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

PERESS, BARBARA
19944 VILLA MEDICI PLAZA
BOCA RATON FL 33434

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PERESS, BARBARA
STREET ADDRESS 19944 VILLA MEDICI PLAZA
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02 561-558-9580

CR2E034 (9/01)