

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

673484

DOCUMENT # P01000039144
 1. Entity Name
E-Z DEAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 430 N State Rd 7 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6635 W Commercial Blvd <small>Suite, Apt. #, etc.</small> #119		DO NOT WRITE IN THIS SPACE	
City & State Plantation, Fl		City & State Tamarac, Fl			
Zip 33317	County Broward	Zip 33319	County Broward	4. FBI Number 65-1095470	Applied For <input type="checkbox"/> Not Applicable

DO NOT WRITE
 IN THIS SPACE

7. Name and Address of Current 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 _____
Signature (Type or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when running) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

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	Shalom Dotan - Director 430 N State Road 7 Plantation, Fl 33317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Esther Dotan - Director 430 N State Road 7 Plantation, Fl 33317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 007, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **5/20/02**
Signature and typed or printed name of signing officer or director Date Daytime Phone #