

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90061 036 ***150.00

DOCUMENT # P01000042383

1. Entity Name

AHAVA INVESTMENT PARTNERS, INC.

Principal Place of Business

**3700 GALT OCEAN DRIVE #503
 FORT LAUDERDALE FL 33308**

Mailing Address

**3700 GALT OCEAN DRIVE #503
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3400 GALT OCEAN DR.

Suite, Apt. #, etc.

209S.

3. Mailing Address

3400 GALT OCEAN DR.

Suite, Apt. #, etc.

209S.

City & State

Fort Lauderdale, FL.

City & State

Fort Lauderdale, FL

4. FEI Number

65-1096715

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

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

6. Name and Address of Current Registered Agent

KRANZ, MENACHEM M

**3700 GALT OCEAN DRIVE #503
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

KRANZ, MENACHEM M.

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

3400 GALT OCEAN DR.

209S.

City

Fort Lauderdale,

FL

Zip Code

33308

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

KRANZ, MENACHEM M. / Corp. Sec.

Feb-28-02

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 **PD** ☐ Delete
 NAME **PINSON, NEHAMA D**
 STREET ADDRESS **3700 GALT OCEAN DRIVE #503**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
 NAME **KRANZ, MENACHEM M**
 STREET ADDRESS **3700 GALT OCEAN DRIVE #503**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **3400 GALT OCEAN DR.**
 STREET ADDRESS **# 209S.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33308**

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

TITLE ☐ Change ☐ Addition
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 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 life empowered.

SIGNATURE:

KRANZ, MENACHEM M. (SD) 2-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 630 2106

CR2E034 (9/01)