

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

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90278 032 \*\*\*150.00

DOCUMENT # **P01000070874**

1. Entity Name

**Fadlon & Fadlon, Inc**

**DO NOT WRITE IN THIS SPACE**

**123418**

2. Principal Place of Business

**4966 SW 35th Terr**

3. Mailing Address

**4966 SW 35th Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FL Lauderdale, FL**

City & State

**FL Lauderdale, FL**

4. FEI Number

**65-1123642**

Applied For

Not Applicable

Zip

Country

**33312**

**Broward**

Zip

Country

**33312**

**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Yuval Fadlon**

Street Address (P.O. Box Number is Not Acceptable)  
**4966 SW 35th Terr**

City **FL Lauderdale**

**FL**

Zip Code **33312**

**DO NOT WRITE  
IN THIS SPACE**

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)

**7/30/02**

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 \$550.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/30/02**

CR2E034B (12/01)

Attachment

Fadlon & Fadlon, Inc.  
4966 SW 35<sup>th</sup> Terrace  
Ft. Lauderdale, FL 33312  
(954) 965-2666

# P01000070874  
123418

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314


Re: 65-1123642

To Whom It May Concern:

We did not receive the renewal forms for the corporation. I am asking for you to waive the additional fee and for you to renew our For Profit Corporation Uniform Business Report.

Thank you, in advance, for your help.

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops, enclosed within a hand-drawn oval border.

Yuval Fadlon