## 2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P01000074121 DOCUMENT # 03-25-2002 90065 049 \*\*\*150.00 1. Entity Name ELDAN INC. Principal Place of Business Mailing Address 4100 N 28 TERRACE 4100 N. 28 TERRACE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Rogistered Agent 7. Name and Address of New Registered Agent STONE, ADELE I ESO Street Address (P.O. Box Number is Not Acceptable) 1946 TYLER ST. HOLLYWOOD FL 33020 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HES. DIRECTOR ☐ Delete (9/01) TITLE ☐ Change ☐ Addition NAME Meon Malinasky NAME STREET ADDRESS 4100 D. 28 TERRACE CR2E034 STREET ADDRESS CITY-ST-7IP -33020 CITY-ST-ZIP TITLE VICE PROS. DIEECTOR ☐ Delete TITLE ☐ Change ☐ Addition NAME Eliyahu Lavy NAME STREET ADDRESS 41001. 28 TERRACE STREET ADDRESS CITY-ST-ZIP Hollywood, FC 33020 CITY-ST-ZIP TITLE VICE PROS. / DI RECTOR ☐ Delete TITLE ☐ Change Addition NAME NETSHH ISPAEL NAME STREET ADORESS STREET ADDRESS 15-5-Galfview Blud CITY-ST-ZIP IEARWATER FL 33767 CITY-ST-2P TITLE VICE PRES /DIRECTOR Delete Change ☐ Addition NAME NAME Lion Lior HASEN CLEARWATER, FL 337 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Z 33767 CITY-ST-ZIP BEC/DIRECTOR TITLE ☐ Dalete TITLE Change Addition NAME VRAHAM OVAKNIN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IM F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP