

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90491 026 ***150.00

DOCUMENT # P01000093367

1. Entity Name
CONCEPT INC.



Principal Place of Business
**7271 SOUTHWEST 13TH STREET
MIAMI FL 33144**

Mailing Address
**7271 SOUTHWEST 13TH STREET
MIAMI FL 33144**



2. Principal Place of Business
**11401 N.W 12 ST
Suite, Apt. #, etc. # 458**

3. Mailing Address
**CONCEPT 7876 N.W 167 TR
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI LAKES

4. FEI Number **65-1154422**

Applied For
☐ Not Applicable

Zip
33122

Country
USA

Zip
33015

Country
USA

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

6. Name and Address of Current Registered Agent

**YARON, GILBOA
7271 SW 13 ST
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name
YARON GILBOA

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

7876 N.W 167 TR

City
MIAMI LAKES

FL

Zip Code
33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-15-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ROSENBERG, IZHAK
7271 SOUTHWEST 13TH STREET
MIAMI FL 33144** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GILBOA, YARON
7271 SOUTHWEST 13TH STREET
MIAMI FL 33144** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-03 305-261-2644
Date Daytime Phone #

CR2E034 (10/02)