

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91156 035 \*\*\*150.00

02966323 AV

DOCUMENT # P01000113726

1. Entity Name  
NOA LE, INC.



Principal Place of Business  
~~9300 SOUTH DADELAND BLVD~~  
~~SUITE 406~~  
~~MIAMI FL 33156~~

Mailing Address  
~~9300 SOUTH DADELAND BLVD~~  
~~SUITE 406~~  
~~MIAMI FL 33156~~



2. Principal Place of Business

6401 E. ROGERS CIR. DR  
Suite, Apt. #, etc.  
H 5

City & State  
BOCA RATON, FL

Zip Country  
33487 U.S.A

3. Mailing Address

6401 E. ROGERS CIR DR  
Suite, Apt. #, etc.  
H 5

City & State  
BOCA RATON, FL

Zip Country  
33487 U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~APPLIED FOR~~  
03-0458600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, LINDA M  
9300 SOUTH DADELAND BLVD.  
SUITE 406  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name  
SHLOMO LEVHAR  
Street Address (P.O. Box Number is Not Acceptable)  
6401 E. ROGERS CIR. DR. H 5  
City BOCA RATON FL Zip Code 33487

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LEVHAR, SHOLMO 24 HASHALOM STREET HOD HASHARON, ISRAEL 45204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6401 E. ROGERS CIR. DR. H 5 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.27.03

Date

Daytime Phone #

CR2E034 (10/02)