

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90147 022 \*\*\*150.00

DOCUMENT # **P02000014507**

1. Entity Name

**PEMBROKE ROAD INVESTMENTS INC.**

**70028379**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2425 PEMBROKE RD**

Suite, Apt. #, etc.

3. Mailing Address

**2525 N. STATE RD 7**

Suite, Apt. #, etc.

**115**

City & State

**HOLLYWOOD**

City & State

**HOLLYWOOD**

Zip

**33020**

Country

**US**

Zip

**33021**

Country

**US**

4. FEI Number

**043611761**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **STEVE Z LEVY**

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

**2525 N STATE RD 7- #115**

City **HOLLYWOOD**

**FL**

Zip Code

**33021**

**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, type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reissuance)

DATE

**2/28/03**

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

**VP  
ERAN ZMORA  
2425 PEMBROKE RD  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**YRHA TOLEDANO  
2425 PEMBROKE RD  
HOLLYWOOD FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03**

Date

Daytime Phone #

**954-926-7707**

CR2E034B (12/01)