

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -7 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

700024505457
11/07/03--01027--031 **70.00

DOCUMENT # 102 000018604
1. Entity Name
TZIRUF DOR INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6682 THORNHILL CT BOCA RATON FL 33433
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3965
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33433
Country
USA

City & State
BOCA RATON FL
Zip
33427
Country
USA

4. FEI Number
01-0620244
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WENDY R. GELFOND
Street Address (P.O. Box Number is Not Acceptable)
6682 THORNHILL CT
City
BOCA RATON FL Zip Code
33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JASON A. GELFOND 40 P.O. Box 3965 BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESIREE GELFOND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY-TREAS. W.R. GELFOND C.P.A. 6682 THORNHILL CT P.O. Box 3965 BOCA RATON FL 33427
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

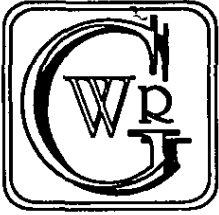
Date

Daytime Phone #

10/30/03

303-226-6000

CR2E037B (12/02)



W. R. Gelfond & Associates, P.A.
Certified Public Accountants

October 31, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Tziruf Dor Inc
Uniform Business Report

Dear Sir/Madame,

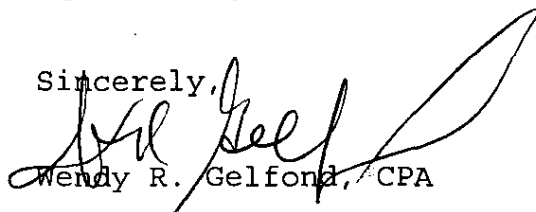
I am writing on behalf of the above referenced corporation. The original mailing of the UBR was never received. It is apparent from the Notice that was now received (forwarded by a mailman familiar with all parties) that the original was sent to the wrong address and not the address which all other communication had previously been mailed to.

Please kindly accept the enclosed check number 3218 in the amount of \$70.00. This covers the UBR fee of \$61.25 and an additional \$8.75 for Certificate of Status.

I am also attaching documentation substantiating the mailing discrepancy.

I thank you in advance for your co-operation and attention to this matter.

Sincerely,



Wendy R. Gelfond, CPA

Attachments Check \$70.00
Copies of correct mailing and incorrect mailing