

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 013 ***150.00

DOCUMENT # P 02000099336

1. Entity Name

URI BAR NCASIM, INC



30030030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16145 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

16145 Biscayne Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Miami, FL

City & State

N. Miami, FL

FFI Number

47-0889076

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Uri Bar

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

20191 E Country Club Dr #1805

City

Aventura

FL

Zip Code

33180

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Uri Bar
STREET ADDRESS	20191 E Country Club Dr #1805
CITY-ST-ZIP	Aventura, FL 33180
TITLE	Sec
NAME	Ruti Bar
STREET ADDRESS	20191 E Country Club Dr #1805
CITY-ST-ZIP	Aventura, FL 33180
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Uri Bar

3/31/03

Date

305-935-4660

Daytime Phone #

CR2E034B (12/02)