

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

01/03/04 AV

DOCUMENT # P02000123905

1. Entity Name
OTSAR INVESTMENT, INC.



04-03-2003 90141 046 ***150.00

Principal Place of Business
**137 GOLDEN ISLES DRIVE #1205
HALLANDALE BEACH FL 33009-5811**

Mailing Address
**137 GOLDEN ISLES DRIVE #1205
HALLANDALE BEACH FL 33009-5811**



2. Principal Place of Business
2001 S. OCEAN DR

3. Mailing Address
2001 S. OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HALLANDALE FL

City & State
HALLANDALE FL

4. FFL Number
90-0055271

Applied For
Not Applicable

Zip
33009

Country

Zip
33009

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YAEISH, YEHUDA
137 GOLDEN ISLES DRIVE #1205
HALLANDALE BEACH FL 33009-5811**

Name
YAEISH, YEHUDA

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

2001 S. OCEAN DR #41

City
HALLANDALE

FL

Zip Code
33009

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]**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **YAEISH, YEHUDA**
STREET ADDRESS **137 GOLDEN ISLES DRIVE #1205**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009-5811**

TITLE **D** ☐ Change ☐ Addition
NAME **YAEISH, YEHUDA**
STREET ADDRESS **2001 S. OCEAN DR. #41**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)