

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90232 007 ***150.00

DOCUMENT # P92000003521

1. Entity Name
BANIM, INC.



Principal Place of Business
7966 TENNYSON COURT
BOCA RATON FL 33433

Mailing Address
7966 TENNYSON COURT
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0370584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARGOLIES, ISRAEL
7966 TENNYSON COURT
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **MARGOLIES, ISRAEL**
STREET ADDRESS **7966 TENNYSON COURT**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VDT** ☐ Delete
NAME **MARGOLIES, MICHAEL Z**
STREET ADDRESS **5301 N DEMPSTER**
CITY-ST-ZIP **SKOKIE IL 60077**

TITLE **VD** ☐ Delete
NAME **MARGOLIES, ELLIOT**
STREET ADDRESS **1430 COLLEGE AVENUE**
CITY-ST-ZIP **PALO ALTO CA 94306**

TITLE **VD** ☐ Delete
NAME **MARGOLIES, JOSH**
STREET ADDRESS **4161 HOLLY KNOLL DRIVE**
CITY-ST-ZIP **LOS ANGELES CA 90027**

TITLE **VD** ☐ Delete
NAME **MARGOLIES, JOEL**
STREET ADDRESS **388 TERHUNE AVE**
CITY-ST-ZIP **PASSAIC NJ 07055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL Z MARGOLIES

Date

Daytime Phone #

VDT 4/10/03 847 965 9330

CR2E034 (10/02)