## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P92000010355 1. Entity Name BRT INVESTMENTS, INC. Principal Place of Business Mailing Address

## May 12, 2002 8:00 am secretary of State 05-12-2002 90561 014 \*\*\*150.00 **FILED**

555 N.E. 15TI MIAMI BEACH US	+ FL 33132	999 WASHINGTON AVENUE MIAMI BEACH FL 33139							
2. Pripoipal Place of Business 2. Address 2. Address 3. Mailing Address 2. G. 30 Bis Suite, Apt. #, etc. Suite, Apt. #, etc.			scaynen	942.	f Janithat him (milm himi) matte matte mat	II 1819I II <b>9</b>	)   <b>                 </b>	OLFOL CELL LUNA	
Mity & Sta	iej FL	Ciny& State	<u> </u>	4. 1	FEI Number <b>65-0373330</b>			pplied For ot Applicable	
331	37 Country SA		untry V S A	5. (	Certificate of Status Desired [	1 7	8.75 Ad ee Require	lditional	
	6. Name and Address of Current Ro	egistered Agent		7. N	Name and Address of New Regis	tered Ag	jent		
OUDIOTEI	UDUDY OHADON FOO		Name	÷		•			
	NBURY, SHARON ESQ		Street Addres	s (P.O. B	P.O. Box Number is Not Acceptable)				
	5TH ST. 2ND FL.				***************************************				
MIAMI FL	33132								
			City		······	FL	Zip Cod	je	
					, 1 - 41E v				
8. The above	e named entity submits this statement for t	he purpose of changing its registe	red office or regis	tered ag	ent, or both, in the State of Florida.				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature requi	ired when re	sinstating)	DATE			
						07112			
	oration is eligible to satisfy its Intangible	FILE NOW!!! FEE	•		10. Election Campaign Financin	na	\$5 C	<b>)0</b> May Be	
	requirement and elects to do so. ria on back)	After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State			Trust Fund Contribution.			d to Fees	
11.									
TITLE	OFFICERS AND DI			AD	DITIONS/CHANGES TO OFFICER				
NAME	GALBUT, RUSSELL W	☐ Delete TIT	i			1	Change	☐ Addition	
STREET ADDRESS	999 WASHINGTON AVENUE		REET ADDRESS   29	30 P	BLSBIGIONS AWd.	1			
CITY-ST-ZIP	MIAMI BEACH FL 33139		Y-ST-ZIP	50 m	BISEagne BWd IFL 33137	7			
TITLE	CD	Delete TIT		i a m	1 7 5 5 15	/	<b>™</b> Change	☐ Addition	
NAME	KAHN, SONNY	Delete NA	I				Change	Addition	
STREET ADDRESS	999 WASHINGTON AVENUE	STF	EET ADDRESS   29	30 1	BISCAYNE BLU	6			
CITY-ST-ZIP	MIAMI BEACH FL 33139	CIT	Y-ST-ZIP	a mi	Biscayne Blue FL 33137				
TITLE	S	☐ Delete TITI	.E	4	V - 3 ) · 3 /		Change	☐ Addition	
NAME	DACHOH, SHLOMO-	· ····· NAI	AE _		0.	,	,,,,	_	
STREET ADDRESS	555 NE 15 STREET, 2ND FL	STA	EET ADDRESS   24	301	1313 Cayne Blud				
CITY-ST-ZIP	MIAMI FL 33132	CIT	Y-ST-ZIP	liam	Biscayne Blud	7			
TITLE	VP	Delete TITI			,	3	Change	Addition	
NAME .	CHRISTENBURY, SHARON	NAP	ME	6 <b>5</b> 6	Biren		•		
STREET ADDRESS   CITY-ST-ZIP	555 NE 15 ST 2ND FLOOR MIAMI FL 33132		EET ADDRESS	930	Wiscadushin	ά.,			
	T	<u> </u>	Y-ST-ZIP	ign	BiscayneAlv				
TITLE NAME	ZDON, JOSEPH	□ Delete : TITL NAM					Change	☐ Addition	
STREET ADDRESS	555 NE 15 ST 2ND FLOOR		EET ADDRESS 29	20 B	iscayne Blud				
CITY-ST-ZIP	MIAMI FL 33132		Y-ST-ZIP	س ران مصرد	iscayne Blud i FL 33137				
TITLE	SVPD	☐ Delete TITE		<u>ra m</u> v	· r v ) 1 3 J		V hanna	Addition	
NAME	MENIN, BRUCE A	NAM NAM			<b>A</b>		Change	CT Variabil	
	555 NE 15 ST 2ND FLOOR	STR	EET ADDRESS   29	30 /	discayne Blud				
CITY-ST-ZIP	MIAMI FL 33132	CITY	-ST-ZIP	1am	BISCAYNY BIND I FL 33137				
13. Thereby o	certify that the information supplied with thi	s filing does not qualify for the eye					that the ir	formation	

indicated on this report or supplied with this himing does not quality for the exemption stated in Section 119.0/(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 Block 12 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