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

**DOCUMENT #** 

P92000010355

1. Entity Name

BRT INVESTMENTS, INC.



## FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90204 050 \*\*\*150.00

				1
Principal Place of Business 2930 BISCAYNE BLVD MIAMI FL 33137 US		Mailing Address 2930 BISCAYNE BLVD MIAMI FL 33137 US		
2. Principal Place of Business		3. Mailing Address		- I I DONNOCH THE TOWN BRING BRAIN B
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0373330 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Name			Name ~ x/	<del></del>
CHRISTENBURY, SHARON ESQ			Street Adekess	PRON CHRISTENBURY, ESQ.
555 NE 1	5TH ST. 2ND FL.		2930	(P.O. Box Number is Not Acceptable)  3 BISCAYNE DOULE VARD
MIAMI FL 33132				
	•		City On 1	ZiaCede a H
8. The above named entity submitted its 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, type or prince game of gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE				
100	Signature, typed or printed pame of registered agent	and title if applicable. (NOTE	:: Registered Agent signature require	ed when reinstating J / DATE /
•	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be
Arter May 1, 2003 Fee Will be \$550.00				
Make Check Payable to Florida Department of State				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	☐ Change 💢 Addition i
NAME STREET ADDRESS	GALBUT, RUSSELL W 2930 BISCAYNE BLVD		NAME STREET ADDRESS	Pablo de Almagro
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	2930 Biscayne Boulevard
TITLE	CD	☐ Delete	TITLE	Miami, FL 33137 Change Addition
NAME	KAHN, SONNY	L Delete	NAME	
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	
TITLE "	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DACHOH, SHLOMO		NAME	_ , _
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	
CITY-ST-ZIP 🛴	MIAMI FL 33137		CITY-ST-ZIP	
TITLE	I VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME **	CHRISTENBURY, SHARON		NAME	
STREET ADDRESS CITY-ST-ZIP	2930 BISCAYNE BLVD MIAMI FL 33137		STREET ADDRESS CITY-ST-ZIP	
	T 33137	. 🗆	- <b></b>	
TITLE NAME	ZDON, JOSEPH	ı 🗀 Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	
TITLE	SVPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MENIN, BRUCE A		NAME	_ ,
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		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 of the all other like empowered.				

SIGNATURE: SIGNATURE: SIGNATURE REQUIRES HARON CHRISTENBURY, V

Daytime Phoyle #