

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
05-24-2002 91280 031 \*\*\*150.00

0346882 AV

**DOCUMENT # P93000050812**

1. Entity Name  
**D.O.P. INVESTMENTS, INC.**

Principal Place of Business  
**8360 W OAKLAND PARK BLVD  
201  
SUNRISE FL 33351  
US**

Mailing Address  
**8360 W OAKLAND PARK BLVD  
201  
SUNRISE FL 33351  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0435181**

Applied For  
Not Applicable

Zip

Country

Zip

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

**MREJEN, ARIE  
8360 WEST OAKLAND PARK BLVD.  
SUITE 307  
SUNRISE FL 33351**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **KADOCH, DAVID**  
CITY-ST-ZIP **1250 NW 124TH AVENUE  
PLANTATION FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **ZOUR, ISRAEL**  
CITY-ST-ZIP **12700 N. BISCAYNE BLVD, #202  
NORTH MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **BEN HORIN, YEHUDA**  
CITY-ST-ZIP **21321 NE 19TH AVE  
MIAMI FL 33179**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MENDIOLA, JOSE**  
CITY-ST-ZIP **2425 N W 139TH AVE  
SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MARTINEZ, JUAN C**  
CITY-ST-ZIP **8360 W. OAKLAND PARK BLVD.  
SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BARONE, LUIZ**  
CITY-ST-ZIP **8360 W OAKLAND PARK BLVD., #201  
SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**DIRECTOR**

SIGNATURE: **ISRAEL ZOUR** 04/29/02 (954) 749-2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)