

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90038 039 ***150.00

DOCUMENT # P96000063019

1. Entity Name

F.I.D. INTERNATIONAL, INC.

Principal Place of Business

1835 SW 81 TERR
 DAVIE FL 33324
 US

Mailing Address

1835 SW 81 TERR
 DAVIE FL 33324-4643
 US

2. Principal Place of Business

653 N. University Dr 653 N. University DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

Zip

33324

Country

Broward

Zip

33324

Country

Broward

4. FEI Number

65-0697631

Applied For

Not Applicable

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

DAHAN, ITAMAR
 1835 SW 81 TERR
 DAVIE FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 PS ☐ Delete
 NAME DAHAN, FELIX
 STREET ADDRESS EWYAHAV ARAVA
 CITY-ST-ZIP ISRAEL 86820

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

TITLE VT ☒ Delete
 NAME DAHAN, ITAMAR
 STREET ADDRESS 9999 SUMMER BREEZE DRIVE, SUITE 720
 CITY-ST-ZIP SUNRISE FL 33322

TITLE VT ☒ Change ☐ Addition
 NAME Dahan Itamar
 STREET ADDRESS 653 N. University DR.
 CITY-ST-ZIP Plantation FL 33324

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

ITAMAR DAHAN

Date

4/20/00 954-6845503

Daytime Phone #

CR2E034 (9/99)