

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076315

1. Entity Name

DAVIE APARTMENTS CORPORATION

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90025 002 ***150.00

Principal Place of Business

~~C/O DAVID MORROW~~
3333 WEST DAVIE BOULEVARD
FT. LAUDERDALE FL 33312

Mailing Address

C/O FEIT MANAGEMENT
5769 S. UNIVERSITY DR.
DAVIE FL 33328-6114

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

65-0696572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ROBERT T ESQUIRE
50 WEST MASHTA DRIVE
SUITE 2
KEY BISCAINE FL 33149

7. Name and Address of New Registered Agent

Name **FEIT MANAGEMENT COMPANY**

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

5769 S. UNIVERSITY DRIVE

City

DAVIE

FL

Zip Code

33328

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 **FEIT MANAGEMENT COMPANY**

4-14-2000

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

TITLE **D** ☐ Delete
NAME **MEHR, YORAM**
STREET ADDRESS **14 KARO STREET**
CITY-ST-ZIP **TEL-AVIV OC 67014**

TITLE **D** ☐ Delete
NAME **FEIT, ISRAEL**
STREET ADDRESS **14 KARO STREET**
CITY-ST-ZIP **TEL-AVIV OC 67014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)