

# 2002 UNIFORM BUSINESS REPORT (UBR)

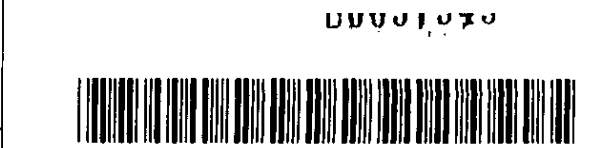
**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90044 003 \*\*\*150.00

**DOCUMENT # P96000076315**  
 1. Entity Name  
**DAVIE APARTMENTS CORPORATION**

Principal Place of Business 3333 WEST DAVIE BOULEVARD 3333 WEST DAVIE BOULEVARD FT. LAUDERDALE FL 33312	Mailing Address C/O FEIT MANAGEMENT 5769 S. UNIVERSITY DR. DAVIE FL 33328
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2. Principal Place of Business 2870 Stirling Rd Suite, Apt. #, etc. Ste 2-A City & State Hollywood FL Zip 33020 Country USA	3. Mailing Address 2870 Stirling Rd. Suite, Apt. #, etc. Ste 2-A City & State Hollywood FL Zip 33020 Country USA
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FEIT MANAGEMENT COMPANY**  
**5769 S. UNIVERSITY DR.**  
**DAVIE FL 33328**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2870 Stirling Rd Ste 2-A**  
 City **Hollywood** **FL** Zip Code **33020**

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 \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MEHR, YORAM</b> <b>14 KARO STREET</b> <b>TEL-AVIV OC 67014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FEIT, ISRAEL</b> <b>14 KARO STREET</b> <b>TEL-AVIV OC 67014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/3/02 9849214321**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)