

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099353  
Entity Name  
FREEPORT LIMITED, INC.

FILED  
May 20, 2000 8:00 am  
Secretary of State  
05-20-2000 90010 045 \*\*\*150.00

Principal Place of Business  
E FLAGLER STREET  
FL 33131

Mailing Address  
231 E FLAGLER STREET  
MIAMI FL 33131-1321

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0712433  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARSHALL, DORAN  
231 E FLAGLER ST  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
Shmuel Ben Yaeesh  
Street Address (P.O. Box Number is Not Acceptable)  
231 East Flagler Street  
City  
Miami  
FL  
Zip Code  
33131

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 X SHMUEL BEN YAEESH PRESIDENT DATE 4-28-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P MASHAL, DORAN 231 E FLAGLER ST MIAMI FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Shmuel Ben Yaeesh 231 East Flagler Street Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Giovanni Santerini 231 East Flagler Street Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Abraham Banaish 231 East Flagler Street Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SHMUEL BEN YAEESH SAMUEL BEN YAEESH, Pres. 4/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)