

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007148

1. Entity Name

E-Z.H. ELECTRONICS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90114 038 ***150.00

Principal Place of Business

Mailing Address

1 NE 1ST STREET, #545
MIAMI FL 33132

1 NE 1ST STREET, #545
MIAMI FL 33132-2482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #405
City & State

Suite, Apt. #, etc. #405
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720519
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 -

HAMAMI, UZI
1 NE 1ST STREET, #545
MIAMI FL 33132

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

TITLE D ☐ Delete
NAME HAMAMI, UZI
STREET ADDRESS 20355 NE 34TH COURT, SUITE 1124
CITY-ST-ZIP AVENTURA FL 33180
TITLE D ☐ Delete
NAME COHEN, OFER
STREET ADDRESS 1 NE 1ST STREET, #545
CITY-ST-ZIP MIAMI FL 33132

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date Daytime Phone #

CR2E034 (9/99)