

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90067 002 ***150.00

0240435
 AV

DOCUMENT # P97000025729

1. Entity Name
TERRA COTTA PLACE APARTMENTS, INC.

Principal Place of Business

% ROBERTS & SALAZAR, L.L.P.
 50 WEST MASHTA DRIVE, SUITE 2
 KEY BISCAYNE FL 33149

Mailing Address

% ROBERTS & SALAZAR, L.L.P.
 50 WEST MASHTA DRIVE, SUITE 2
 KEY BISCAYNE FL 33149



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**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0740046**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FEIT MANAGEMENT COMPANY
5769 S UNIVERSITY DRIVE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

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

2870 Stirling Road 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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02

954-9214321

CR2E034 (9/01)