

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060146

1. Entity Name

ELDAD INC.

Principal Place of Business

315 GULFVIEW BLVD.  
CLEARWATER BEACH FL 33767

Mailing Address

315 GULFVIEW BLVD.  
CLEARWATER BEACH FL 33767-2445

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OVAKNIN, AVI  
315 S GULFVIEW BLVD  
CLEARWATER BEACH FL 33767

7. Name and Address of New Registered Agent

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          | P                         | <input type="checkbox"/> Delete            |
| NAME           | OVAKNIN, AVRAHAM          |  |
| STREET ADDRESS | 315 S GULFVIEW BLVD       |  |
| CITY-ST-ZIP    | CLEARWATER BEACH FL 33767 |  |
| TITLE          | VP                        | <input type="checkbox"/> Delete            |
| NAME           | MALINASKY, DORON          |  |
| STREET ADDRESS | 4100 N 28TH TERRACE       |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021        |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> Delete |
| NAME           | ZISLIN, DAVID             |  |
| STREET ADDRESS | 315 S GULFVIEW BLVD       |  |
| CITY-ST-ZIP    | CLEARWATER BEACH FL 33767 |  |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | ELIYAHU, LEVY             |  |
| STREET ADDRESS | 4100 N 28TH TERRACE       |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021        |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | HASON, LIOR-L             |  |
| STREET ADDRESS | 201 S GULFVIEW BLVD       |  |
| CITY-ST-ZIP    | CLEARWATER BEACH FL 33767 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |            |  |
|----------------|------------|--|
| TITLE          | VPresident | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |
| TITLE          | Director   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |
| TITLE          |            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |
| TITLE          |            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |
| TITLE          | President  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |            |  |
| STREET ADDRESS |            |  |
| CITY-ST-ZIP    |            |  |
| TITLE          |            | <input type="checkbox"/> Change <input type="checkbox"/> 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

LIOR HASON, President

727-445-1755

Daytime Phone #

3-16-00

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90026 036 \*\*\*150.00

627265



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3459338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CP20EN24 (9/00)