

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085265

1. Entity Name

U.S. FINANCIAL GROUP, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90121 034 ***150.00

Principal Place of Business

2879 N POWERLINE RD
POMPANO BEACH FL 33069

Mailing Address

2879 N POWERLINE RD
POMPANO BEACH FL 33069

2. Principal Place of Business

2951 N POWERLINE RD
Suite, Apt. #, etc.

3. Mailing Address

2951 N POWERLINE RD
Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

59-2867689

Applied For

Not Applicable

Zip

Country

33069

Zip

Country

33069

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

ZOHAN, URI
2055 PARADISE CIR S.
BOCA RATON FL 33486

Name

ZOHAR, URI

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

2951 N POWERLINE RD

City

POMPANO BEACH FL

Zip Code

33069

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ZOHAR, URI
STREET ADDRESS 2055 PARKSIDE CIR S.
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ Delete
NAME EVP
STREET ADDRESS ERBLAT, YONA
CITY-ST-ZIP 6706 VIA REGINA
BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)