

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000006191**

1. Entity Name

**SACHMOROV INVESTMENT CORPORATION****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90044 015 \*\*\*150.00

Principal Place of Business <del>10951 NW 85 ST.</del> <del>CORAL SPRINGS FL 33065</del>	Mailing Address 12357 SW 1ST ST CORAL SPRINGS FL 33071-8056
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2. Principal Place of Business 12357 SW 1 <sup>ST</sup> STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CORAL SPRINGS, FLA.	City & State
Zip 33071	Country BROWARD

4. FEI Number 65-0808534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SACHMOROV, ELYAHU 12257 SW 1ST ST CORAL SPRINGS FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHMOROV, ELYAHU 12357 SW 1ST ST CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**  
**ELYAHU SACHMOROV**

Date: 1/17/2000 Daytime Phone #: (954) 752-8387