

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90264 016 ***150.00

DOCUMENT # P98000009744

1. Entity Name
MASADA PAINTING & WATERPROOFING, INC.

Principal Place of Business
4530 N. HIATUS RD.
STE 102
SUNRISE FL 33351

Mailing Address
4530 N. HIATUS RD.
STE 102
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0809943**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ZAFRIR, YAARON
10951 NW 12 DRIVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name **Zafire Igal**

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

5163 NW 100 AVENUE

City **Coral Springs**

FL

Zip Code **33076**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
 NAME **ZAFRIR, YARON** ☐ Delete
 STREET ADDRESS **10951 NW 12 DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **VP**
 NAME **Zafire Yaron** ☒ Change ☐ Addition
 STREET ADDRESS **10951 NW 12 DR**
 CITY-ST-ZIP **Plantation FL 33322**

TITLE **VD**
 NAME **ZAFRIR, IGAL** ☐ Delete
 STREET ADDRESS **10951 NW 12 DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **P**
 NAME **Zafire Igal** ☒ Change ☐ Addition
 STREET ADDRESS **5163 NW 100 AVE**
 CITY-ST-ZIP **Coral Springs FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S**
 NAME **SURAN, YAFIRAM** ☐ Change ☒ Addition
 STREET ADDRESS **11321 NW 37 ST**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T**
 NAME **Zafirir Toni** ☐ Change ☒ Addition
 STREET ADDRESS **5163 NW 100 AVE**
 CITY-ST-ZIP **Coral Springs FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S**
 NAME **Ordeal SUSAN** ☐ Change ☐ Addition
 STREET ADDRESS **11321 NW 37 ST**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (9/01)

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

954 746 4949

Date

Daytime Phone #