## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 25, 2000 8:00 am DOCUMENT # **P98000012260** 1. Entity Name Secretary of State DEVASH JUDAICA INTERNATIONAL, INC. 03-25-2000 90002 049 \*\*\*150.00 Principal Place of Business Mailing Address 13730 SR 84 13730 SR 84 **STE 181** STE 181 DAVIE FL 33325 DAVIE FL 33325 us US 2. Principal Place of Business 3. Mailing Address 61 AJE 4101 AUE 4101 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For FLORIDA 65-0840757 ORIDA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, DANIEL Street Address (P.O. Box Number is Not Acceptable) 9160 NW 25 CT. SUNRISE FL 33322 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 □ Delete TITLE HERNANDEZ, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 9160 NW 25 CT. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 PADRON JOSHUA ☐ Addition Qelete TITLE TITLE PADRON, LUIS NAME NAME STREET ADDRESS STREET ADDRESS 4101 SW 61ST AVE CITY-ST-ZIE CITY-ST-ZIP DAVIE FL 33314 ☐ Delete ☐ Change ☐ Addition TITLE SANCHEZ, ALBERTO -NAME MANUE STREET ADDRESS 4101 SW 61ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change ☐ Delete TITLE Addition FOSSAS, EMILIO NAME STREET ADDRESS 4101 SW 61ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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, Flerida 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2000

Daytime Phone #