

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059701

1. Entity Name
S.R. MANOR 1998 CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91163 017 ***150.00

Principal Place of Business USA 482 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953	Mailing Address P.O. BOX 3643 SANEY TIKVA ISRAEL 55900
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business USA Suite, Apt. #, etc. 729 S. US1 SUITE#200 City & State STUART FLORIDA	3. Mailing Address 9 EMEK ISRAEL Suite, Apt. #, etc. P.O.B 3643 City & State SANEY TIKVA 55900 Zip 34994 Country USA Zip 55900 Country ISRAEL
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4. FEI Number 98-0194233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANOR, SHLOMO
C/O PORT ST. LUCIE PROPERTIES, INC.
482 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent
Name
SHLOMO MANOR
Street Address (P.O. Box Number is Not Acceptable)
C/O STERLING MORTGAGE
729 S. FEDERAL HIGHWAY SUITE#200
City
STUART FL Zip Code
34994

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 Shlomo Manor DATE 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 MANOR, SHLOMO C/O PORT ST. LUCIE PROPERTIES, INC. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANOR SHLOMO 729 C/O STERLING MORTGAGE STUART FL 34994 <input checked="" 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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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

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: Shlomo Manor DATE 01/19/23 DAYTIME PHONE # 5345645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)