

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060384

1. Entity Name  
**RAZCOM INC.**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
05-23-2001 91173 009 \*\*\*150.00

0229102

Principal Place of Business  
**3401 N. COUNTRY CLUB DRIVE  
SUITE 105  
AVENTURA FL 33180**

Mailing Address  
**3401 N. COUNTRY CLUB DRIVE  
SUITE 105  
AVENTURA FL 33180**

111430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3401 N. COUNTRY CLUB DR.**  
Suite, Apt. #, etc.  
**105**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**AVENTURA FL**

City & State

4. FEI Number **65-0850287**

☒ Applied For  
☐ Not Applicable

Zip **33180** Country **DE**

Zip Country

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

**LACHMI, DAVID  
3401 N COUNTRY CLUB DR  
AVENTURA FL 33180**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

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

(NOT 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**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P LACHMI, DAVID 3401 N. COUNTRY CLUB DRIVE AVENTURA FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COHN, YITZHAK 3964 NW 94 TERR SUNRISE FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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: **DAVID LACHMI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/18/01** **954-801-8172**  
Date Daytime Phone #

CR2E034 (10/00)