

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069241

1. Entity Name

YACOV, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90024 013 ***150.00

| | |
|--------------------------------------|---|
| Principal Place of Business | Mailing Address |
| 5935 RAVENSWOOD RD DANIA FL 33312 | 3450 EMERALD POINTE DR #111-B HOLLYWOOD FL 33021-1382 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--------------------------|--------------------------------|----------------|
| 4. FEI Number | 65-0860710 | Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SALMONONOVITZ, YACOV 3450 EMERALD POINT DRIVE #111-B HOLLYWOOD FL 33021 | 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 _____ (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) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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 |
|--|---|---|

| | |
|---|---|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE PD NAME SALOMONOVITZ, YACOV STREET ADDRESS 3450 EMERALD POINT DRIVE CITY-ST-ZIP HOLLYWOOD FL 33021 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME SALMONOVITZ, ALIZA STREET ADDRESS 3450 EMERALD POINT DRIVE CITY-ST-ZIP HOLLYWOOD FL 33021 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yacov Salomovitz 1/11/00 (954) 985-1141

CR2E034 (9/99)