

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004474

1. Entity Name

EFRATI, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90094 001 ***150.00

Principal Place of Business

Mailing Address

7135 COLLINS AVE. APT #411
 MIAMI BEACH FL 33141

7135 COLLINS AVE. APT #411
 MIAMI BEACH FL 33141-3227

2. Principal Place of Business

7135 COLLINS AVE. APT.

Suite, Apt. #, etc.

Apt. 1226

City & State

Miami Beach, FL.

Zip

33141

Country

3. Mailing Address

7135 COLLINS AVE

Suite, Apt. #, etc.

Apt 1226

City & State

Miami Beach, FL.

Zip

33141

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0891890

Applied For

Not Applicable

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

EFRATI, MARCO

7135 COLLINS AVE, APT #411

MIAMI BEACH FL 33141

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.

(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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS EFRATI, MARCO
 CITY-ST-ZIP 7135 COLLINS AVE, APT #411
 MIAMI BEACH FL 33141

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS EFRATI, GINA
 CITY-ST-ZIP 7135 COLLINS AVE, APT #411
 MIAMI BEACH FL 33141

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

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

Date

Daytime Phone #

CR2E034 (9/99)

4/25/00 444-3484