

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024892

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FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90191 037 ***150.00

Principal Place of Business Mailing Address
17275 Collins Ave., PH4 17275 Collins Ave., PH4
Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0988106 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
BARAK, BARRY
17275 Collins Ave., PH4
Sunny Isles Beach, FL 33160

7. Name and Address of New Registered Agent
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sharon Chodofsky 17275 Collins Ave., PH4 Sunny Isles Beach, FL 33160	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helen Barak 17275 Collins Ave., PH4 Sunny Isles Beach, FL 33160	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barry Barak 17275 Collins Ave., PH4 Sunny Isles Beach, FL 33160	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Helen Barak Helen Barak 1/16/2000 (305) 944-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #