5/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State
05-22-2001 90007 020 ****69.00
06-25-2001 90042 024 ****81.00

DOCUMENT # JERUSALEM GRILL, INC
1. Entity Name
P 99000040616

Principal Place of Business
19635 S. STATE ROAD 7, #49
BOCA RATON, FL 33498

Mailing Address

[redacted]

2. Principal Place of Business	3. Mailing Address
19635 S. STATE ROAD 7	SAME
Suite, Apt. #, etc. BAY 49	Suite, Apt. #, etc.
City & State BOCA RATON, FL	City & State
Zip 33498 Country PALM BEACH	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916161 ☐ 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
LEVI GILA	Name ETTI COHEN
8596 VIA GIVILA	Street Address (P.O. Box Number is Not Acceptable) 9350 FOX TROT LANE
BOCA RATON, FL 33496	City BOCA RATON FL Zip Code 33496

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] ETTI COHEN 5/11/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	☒ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	PARATS, MAYER		NAME	GADI COHEN	
STREET ADDRESS	1355 W. PALMETTO PK. RD		STREET ADDRESS	9350 FOX TROT LANE	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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] MAYER PARATS 5/11/01 (561)3910181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE: [signature] GADI COHEN -P 6/15/01