FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 0000 52588

1. Entity Name

Yanni Malol Investments, Co.

DO NOT WRITE IN THIS SPACE

FILED

02 JUL -3 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600006350646--7
-07/12/02--01029--012
*****70.00 *****70.00

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2. Principal Place of Business	3. Mailing Address
1218 N. University Dr.	same
Suite, Apt. #, etc. none	Suite, Apt. #, etc.
City & State Plantation FL	City & State
Zip 33322 Country USA	Zip Country

4. FEI Number 65-0928822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Yair Malol

Street Address (P.O. Box Number is Not Acceptable)

1218 N. University Dr.

City Plantation FL Zip Code 33322

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 X Yair Malol 6/17/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1- May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P	
NAME Yair Malol	
STREET ADDRESS 1218 N. University Dr.	
CITY-ST-ZIP Plantation, FL 33322	
TITLE	
NAME Anat Evenor	
STREET ADDRESS 1218 N. University Dr.	
CITY-ST-ZIP Plantation, FL 33322	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Yair Malol (P) 6/17/02 (954) 916-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #