

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90144 029 \*\*\*150.00

**DOCUMENT # P99000072215**

1. Entity Name  
**DENBAR INVESTMENTS GROUP, INC.**



Principal Place of Business  
**1550 NE MIAMI GARDENS  
SUITE 500  
NORTH MIAMI BEACH FL 33179**

Mailing Address  
**1550 NE MIAMI GARDENS  
SUITE 500  
NORTH MIAMI BEACH FL 33179**

11012422



2. Principal Place of Business

**1550 NE Miami Gardens Drive  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address

**1550 NE Miami Gardens Drive  
Suite, Apt. #, etc.  
Suite 200**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**N. Miami Beach, FL**

City & State  
**N. Miami Beach, FL**

4. FEI Number **65-0964132**

Applied For  
Not Applicable

Zip Country  
**FL USA**

Zip Country  
**33179 USA**

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

6. Name and Address of Current Registered Agent

**ORGAD, ITZHAK  
1550 NE MIAMI GARDENS DRIVE  
# 500  
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **ORGAD, ITZHAK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1550 NE Miami Gardens Drive, Suite 200**  
City **N. Miami Beach** FL Zip Code **33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VTSD** ☐ Delete  
NAME **DAVIDSON, RON**  
STREET ADDRESS **1550 NE MIAMI GARDENS DR STE 500**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **PD** ☐ Delete  
NAME **ORGAD, ITZHAK**  
STREET ADDRESS **1550 NE MIAMI GARDENS DRIVE # 500**  
CITY-ST-ZIP **NORTH MIAMIGARDENS FL 33179**

TITLE **VPD** ☐ Delete  
NAME **ROUSSO, MARK**  
STREET ADDRESS **3440 HOLLYWOOD BLVD SUITE 360**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTSD** ☒ Change ☐ Addition  
NAME **RON Davidson**  
STREET ADDRESS **1550 NE Miami Gardens Drive, Suite 200**  
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **PD** ☒ Change ☐ Addition  
NAME **ITZHAK ORGAD**  
STREET ADDRESS **1550 NE Miami Gardens Drive, Suite 200**  
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **MARK ROUSSO**  
STREET ADDRESS **1550 NE Miami Gardens Drive, Suite 200**  
CITY-ST-ZIP **N. Miami Beach, FL 33179**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RON Davidson** 4/21/03 305-945-5624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)