

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080250

1. Entity Name

BANANA SPLIT U.S.A., INC.

Principal Place of Business

Mailing Address

12100 STIRLING RD #7-B
DANIA FL 33004

12100 STIRLING RD #7-B
DANIA FL 33004

2. Principal Place of Business

1210 STIRLING RD

Suite, Apt. #, etc.

7B

3. Mailing Address

1210 STIRLING RD

Suite, Apt. #, etc.

7B

City & State

Dania FL

City & State

Dania FL

Zip

33004

Country

Zip

33004

Country

4. FEI Number

65-0962653

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TORCHIN, DAVID Q
8211 WEST BROWARD BLVD
STE 200
FORT LAUDERDALE FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	MELLOUL, SHLOMO	
STREET ADDRESS	520 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MIZHARL, YITHAK	
STREET ADDRESS	1210 STIRLING RD #7-B	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHLOMO MELLOUL	
STREET ADDRESS	P.O. Box 686	
CITY-ST-ZIP	Key-west FL 33041	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRAQHI YIZHAQ	
STREET ADDRESS	1210 STIRLING RD #7-B	
CITY-ST-ZIP	Dania FL 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

01-02-01 954-920-5500

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90033 025 ***150.00

00006970



DO NOT WRITE IN THIS SPACE

0015151

CR2E034 (10/00)