## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## P99000105883 Jun 08, 2000 8:00 am **DOCUMENT #** 1. Entity NaSunart Equipment, Incorporated **Secretary of State** 06-08-2000 90027 008 \*\*\*150.00 Principal Place of North 29th Avenue Mailing Address Hollywood, FL 33020 2. Principal Place of Business 29th Avenue Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 0986849 Applied For City & State ollywood, FL City & State Not Applicable 33020 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert Forman Esq. Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd. **Suite 4100** City Zip Code Fort Lauderdale, FL 33309 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. P/D ☐ Addition ☐ Delete ☐ Change TITLE Yoave Bitton NAME STREET ADDRESS 10681 N.W. 16th Court STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Plantation, FL 33322 VP/D ☐ Addition TITLE ☐ Delete TITLE Doron Shrem NAME NAME STREET ADDRESS 10760 N.W. 12th Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Plantation, FL 33322 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 by Bitton

Date

Daytime Phone #