

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**  
 04-24-2000 90171 047 \*\*\*150.00

**DOCUMENT # S22238**

1. Entity Name  
**DOBY/ISRAEL, INC.**

Principal Place of Business      Mailing Address  
 1620 E. HALLANDALE BEACH BLVD.      1820 E. HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009      HALLANDALE FL 33009-4717

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      65-0263329      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☐      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PERLMAN, MARK PA  
 1820 E. HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009

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.      ☐      FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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	PVST	<input type="checkbox"/> Delete	TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MICHAEL		NAME	LEVIN, MICHAEL	
STREET ADDRESS	21391 MARINA COVE CIR., SUITE K-11		STREET ADDRESS	21391 Marina Cove Cir. #M-14	
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP	Aventura, FL. 33180	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MICHAEL		NAME	LEVIN, MICHAEL	
STREET ADDRESS	21391 MARINA COVE CIR., SUITE K-11		STREET ADDRESS	21391 Marina Cove Cir. #M-14	
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP	Aventura, FL. 33180	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:      *[Signature]*      4/14/2000      305 932-3774  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)