

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90047 041 \*\*\*150.00

DOCUMENT # **S 42808**

1. Entity Name

**Unit 1207 Corp.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2800 Island Blvd.**

3. Mailing Address

**C/O David Orlowsky**

Suite, Apt. #, etc.

**#1207**

Suite, Apt. #, etc.

**800 West Avenue #C-1**

DO NOT WRITE IN THIS SPACE

City & State

**N. Miami Beach, FL**

City & State

**Miami Beach, FL**

4. FEI Number

**65-0319103**

Applied For

Not Applicable

Zip

**33160**

Country

Zip

**33139**

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**David Orlowsky CPA**

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

**800 West Avenue #C-1**

City

**Miami Beach**

FL

Zip Code

**33139**

**DO NOT WRITE  
IN THIS SPACE**

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)

**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	<b>PD</b>	TITLE	
NAME	<b>Harari, Jacques</b>	NAME	
STREET ADDRESS	<b>2800 ISLAND AVE #1207</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL</b>	CITY-ST-ZIP	
TITLE	<b>VST</b>	TITLE	
NAME	<b>HARARI LYDIA</b>	NAME	
STREET ADDRESS	<b>2800 ISLAND AVE #1207</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b>	TITLE	
NAME	<b>HARARI FRIDA D</b>	NAME	
STREET ADDRESS	<b>2800 ISLAND AVE #1207</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-02**

Date

Daytime Phone #

CR2E034B (12/01)