

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S73253**

1. Entity Name
AHARON DELI, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90027 014 ***150.00

Principal Place of Business
**2997 W COMMERCIAL BLVD
SUITE 208
FT LAUDERDALE FL 33309
US**

Mailing Address
**2997 W COMMERCIAL BLVD
SUITE 208
FT LAUDERDALE FL 33309
US**

2. Principal Place of Business
1900 W Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address
993 NW 104 Way
Suite, Apt. #, etc.
Apt. 103

City & State
Ft Lauderdale, FL

City & State
Coral Springs, FL

Zip
33309

Country
US

Zip
33071

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0281069**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMIR, AHARON
993 NW 104 WAY
APT 103
CORAL SPRINGS FL 33071**

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 **D** ☐ Delete
NAME **AMIR, AHARON**
STREET ADDRESS **2997 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Amir, Aharon**
STREET ADDRESS **993 NW 104 Way, Apt. 103**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **STD** ☐ Change ☒ Addition
NAME **Amir, Pnina**
STREET ADDRESS **993 NW 104 Way, Apt. 103**
CITY-ST-ZIP **Coral Springs, FL 33071**

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

TITLE ☐ Change ☐ 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:

Aharon Amir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

(954) 346-0345

Daytime Phone #

CR2E034 (10/00)