FILED

~2092 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 04, 2002 8:00 am Secretary of State S98160 DOCUMENT # 1. Entity Name 02-04-2002 90134 047 ***150.00 ELYSEE INVESTMENT COMPANY OF MIAMI BEACH III. IN Principal Place of Business Mailing Address 200 718T ST. 6959 HARDING AVENUE MIAMI BEACH FL 33141 MI BEACH FL 33141 2. Principal Place of Business Mailing Address ite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 22-3200523 Bloc Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee_Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Piotrowsh YEHEZKEL, HAIM-Street Address (P 220-71-STREET -#209-- MIAMI-BEACH FL 33141 Z195921 8. The above named entity submits this statement purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) AT Change TITLE ሺ Delete TITLE ☐ Addition tehezkeL, HAIM YEHEZKEL, HAIM NAME NAME CR2E034 20191 E CNTRY CLB DR #9 STREET ADDRESS STREET ADDRESS 210-71 Htreet # N-MIAMI-BEACHTFL CITY-ST-ZIP CITY-ST-ZIP Mami Bla Delete VP TITLE TITLE Change ☐ Addition Mussaffi,Ro MUSSAFFI, ROY NAME NAME STREET ADDRESS 68-41-FLEET-STREET STREET ADDRESS 210-71 Htree FOREST HILLS NY CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change 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.