

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90036 002 \*\*\*150.00

DOCUMENT # V28491

1. Entity Name

SABRA FOOD, INC.

Principal Place of Business

1470 NE 123RD STREET  
 SUITE 913  
 NORTH MIAMI FL 33161

Mailing Address

1470 NE 123RD STREET  
 SUITE 913  
 NORTH MIAMI FL 33161-6008

623400

2. Principal Place of Business

3205 NE 184TH ST  
 SUITE 9201  
 Aventura, FL

3. Mailing Address

P.O. Box 862602

Suite, Apt. #, etc.

# 9201

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

4. FEI Number

65-0325707

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33280

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORMAN, YEHUDA  
 1470 NE 123RD STREET  
 SUITE 913  
 NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name: NORMAN, YEHUDA  
 Street Address (P.O. Box Number is Not Acceptable):  
 3205 NE 184TH ST  
 APT # 9201  
 City: Aventura FL Zip Code: 33160

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	<input type="checkbox"/> Delete
NAME	NORMAN, YEHUDA	
STREET ADDRESS	1470 NE 123RD ST, 913	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, YEHUDA	
STREET ADDRESS	3205 NE 184TH ST, 9201	
CITY-ST-ZIP	Aventura FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yehuda Norman 2-12-01 (305) 466-4320

Date

Daytime Phone #