

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

FILED
Jun 16, 2002 8:00 am
Secretary of State

DOCUMENT # V44399
1. Entity Name J.R. OKEECHOBEE, CORP.

05-14-2002 90351 037 ***150.00

DO NOT WRITE IN THIS SPACE

93021

2. Principal Place of Business <u>3301 NW 107th</u>		3. Mailing Address <u>3301 NW 107th</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33165</u>	Country	Zip <u>33165</u>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <u>65-0346707</u>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name <u>KROOP, RICHARD I.</u>		
		Street Address (P.O. Box Number is Not Acceptable) <u>420 LINCOLN ROAD SUITE 512</u>		
		City <u>MIAMI BEACH</u>	FL	Zip Code <u>33139</u>

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 _____ DATE _____
(Signature must be in ink and must be legible and not a photocopy. (N/A) To Add Current Agent Signature Required when changing agent.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so <input checked="" type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PDS</u> <u>TAKO, JACKIE</u> <u>3301 NW 107th</u> <u>MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>TAKO, REUVEN</u> <u>3301 NW 107th</u> <u>MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BARAK H, ABRAHAM</u> <u>2269 NW 20th</u> <u>MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>IZHAK YORAM</u> <u>3301 NW 107th</u> <u>MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004B (12/01)