

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90058 044 \*\*\*150.00

**DOCUMENT # V52451**

1. Entity Name

**MIZRAHI FAMILY MORTGAGE CORPORATION**

Principal Place of Business 1005 9 ST 1ST FLOOR MIAMI BEACH FL 33139	Mailing Address 1611 ELDONLAS COURT STONE MOUNTAIN GA 30087-3204
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0424092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ZAMIR, ODED  
 1005 9 ST  
 1ST FLOOR  
 MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name: ~~BAHAR~~  
 Street Address (P.O. Box Number is Not Acceptable): ~~1005 9 ST~~  
 City: ~~MIAMI BEACH~~ **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMIR, ODED (MIZRAHI)	NAME	
STREET ADDRESS	1611 ELDONLAS COURT	STREET ADDRESS	
CITY-ST-ZIP	STONE MOUNTAIN GA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADIVHAGIT (MIZRAHI)	NAME	
STREET ADDRESS	KIRIAT SHMUEL	STREET ADDRESS	
CITY-ST-ZIP	ISRAEL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHABAT, RIVKA (MIZRAHI)	NAME	
STREET ADDRESS	MEM GIMAC	STREET ADDRESS	
CITY-ST-ZIP	JERUSALEM	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRAHI, RACHEL	NAME	
STREET ADDRESS	SHOSHANA 7	STREET ADDRESS	
CITY-ST-ZIP	JERUSALEM	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:** ODED ZAMIR *[Signature]* **Jan 4 2000 770 498 2114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02034 (01/00)