2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)							FILED					
1. Entity Nar		# V66222 c.	è	محتمينا			Al	or 10, Secret				
Principal Place of Business 17021 N BAY RD #526 MIAMI FL 33160			Mailing Address 17021 N BAY ROAD #624 MIAMI FL 33160 US	1			.	•	វ	ð		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WE	RITE IN THIS S	PACE		
City & State			City & State			4.	FEI Number	65-03595	33	<u> </u>	oplied For ot Applicable	
Zip Country			Zip	Cour	Country		Certificate of	Status Desired		\$8.75 Add Fee Require	ditional	
	6. Name	and Address of Current R	egistered Agent	, .	Name	7. [Name and Ac	Idress of New	Registered A	gent		
SHMUELI, EITAN 17021 N BAY ROAD #624 MIAMI FL 33160					Street Addr	Address (P.O. Box Number is Not Acceptable)						
					City			<u></u> ,	FL	Zip Cod	e	
8. The above	e named entity	y submits this statement for t	he purpose of changing its	register	ed office or reg	istered ag	ent, or both, i	in the State of F	lorida,	1		
SIGNATURE .	Signature, typed	or printed name of registered agent and	1 title if applicable. (NOTE	: Registere	d Agent signature re	quired when re	einstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$550.		1	on Campaign F Fund Contributi	~ ~		O May Be to Fees	
11.		OFFICERS AND DI	J	12.	epartment of		DITIONS/CH	IANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHMUELI, 17021 N E MIAMI FL	EITAN BAY ROAD #624	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						<u></u>	Change	Addition	
TITLE TO THE A REPORT OF THE ADDRESS CITY-ST-ZIP	Delete				E ET ADDRESS -ST-ZIP	<u>.</u>		· · · · · ·	-, -	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		j.		-		<u></u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ľ					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			_				☐ Change	Addition	
of the cor	on this report poration or the	information supplied with the or supplemental report is true receiver or trustee empowers them is with an address, with	ue and accurate and that me ered to execute this report a	v signat	ure shall have :	the same b	egal effect as	: if made under	oath: that I ar	n an officer.	or director	