

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90114 038 ****61.25

DOCUMENT # 701094

1. Entity Name

MESIFTA OF GREATER MIAMI-LOUIS MERWITZER HIGH SCHOOL, INC.



Principal Place of Business

**1965 ALTON RD
MIAMI BCH FL 33139**

Mailing Address

**1965 ALTON RD
MIAMI BCH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6045452**

Applied For

Not Applicable

5. Certificate of Status Desired **NO** **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ZEMEL, NATHANIEL M
1965 ALTON RD
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ZEMEL, NATHANIEL**
STREET ADDRESS **1680 MERIDIAN AVE.**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **VD** ☐ Delete
NAME **FEIT, MELVIN**
STREET ADDRESS **1604 BAY RD**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **STD** ☐ Delete
NAME **SIMON, RABBI MILTON**
STREET ADDRESS **2850 PRAIRIE AVE**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Abraham AL Galbut**
STREET ADDRESS **999 W. 16th St**
CITY-ST-ZIP **Miami Beach, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **ELCHANAN SCHULGASSER**
STREET ADDRESS **1975 Alton Rd. Apt. 3**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3/20/03

305-672-3100

CR2E037 (10/02)