

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701655

1. Entity Name

CENTRAL AGENCY FOR JEWISH EDUCATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90080 025 ****61.25

Principal Place of Business Mailing Address
% SANDY WERTHEIM **% SANDY WERTHEIM**
4200 BISCAYNE BLVD. **4200 BISCAYNE BLVD.**
MIAMI, FL 33137 **MIAMI FL 33137-3210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-0624373 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERTHEIM, SANDY, R
4200 BISCAYNE BLVD
CAJE
MIAMI FL 33137

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	GREENZWEIG, EUGENE	
STREET ADDRESS	4520 POST AVE	
CITY-ST-ZIP	MIAMI BCH., FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, GAIL	
STREET ADDRESS	2000 S BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	KESSLER, ELLIOT	
STREET ADDRESS	211 CAMERON CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	UNGER, JOSEPH	
STREET ADDRESS	11380 SW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, PHILIP	
STREET ADDRESS	175 NW 1ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, JOAN M	
STREET ADDRESS	2485 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBAUM, FREDA	
STREET ADDRESS	9510 SW 98 ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FIN. S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" 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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00

Date

Daytime Phone #

CR2E037 (9/99)