

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702652

1. Entity Name

JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

735 NE 125TH STREET  
NORTH MIAMI FL 33161  
US

735 NE 125TH STREET  
NORTH MIAMI FL 33161  
US

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

59-0637867

Applied For

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

SALTMAN, DAVID B  
735 NE 125TH STREET  
NORTH MIAMI FL 33161

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 CD  
NAME SLAVIN, RICHARD K  
STREET ADDRESS 3000 ISLAND BLVD TR3  
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

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

TITLE CD  
NAME FINE, MARTIN  
STREET ADDRESS 58 SAMANA DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

TITLE VCD  
NAME ALTMAN, STUART  
STREET ADDRESS 3802 NE 207TH STREET  
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE TD  
NAME GRETENSTEIN, STEVEN  
STREET ADDRESS 436 BARGELLO AVE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

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

TITLE SD  
NAME LINEVSKY, RICHARD  
STREET ADDRESS 2735 HACKENEY ROAD  
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

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

TITLE D  
NAME SPILL, JOY  
STREET ADDRESS 4200 ROYAL PALM AVENUE  
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

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]*

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

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DO NOT WRITE IN THIS SPACE

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