

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90227 025 \*\*\*\*61.25

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**DOCUMENT # 703220**  
 1. Entity Name  
**RABBINICAL ASSOCIATION OF GREATER MIAMI, INC.**

Principal Place of Business <b>4200 BISCAYNE BLVD. MIAMI FL 33137 US</b>	Mailing Address <b>4200 BISCAYNE BLVD. MIAMI FL 33137 US</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0205518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHIFF, SOLOMON RABBI**  
**4200 BISCAYNE BLVD.**  
**MIAMI FL 33137**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME PD <b>POMERANTZ, GAYLE H RABBI</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4144 CHASE AVE.</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>	
TITLE NAME VPD <b>PEARLSON, ELIOT H RABBI</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>620-75 STREET</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>	
TITLE NAME SD <b>DUDAI, SHIMON RABBI</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1700 MICHIGAN AVE.</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	
TITLE NAME TD <b>GOLDBERG, EDWIN RABBI</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5500 GRANADA BLVD.</b>	
CITY-ST-ZIP <b>MIAMI FL 33146</b>	
TITLE NAME EVPD <b>SCHIFF, SALOMON RABBI</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>4200 BISCAYNE BLVD.</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD <b>Dudai, Shimon, Rabbi</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1719 Lenox Ave.</b>	
CITY-ST-ZIP <b>Miami Beach, Fl. 33139</b>	
TITLE NAME VPD <b>Goldberg, Edwin, Rabbi</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Temple Judea, 5500 Granada Blvd.</b>	
CITY-ST-ZIP <b>Coral Gables, Fl. 33146</b>	
TITLE NAME SD <b>Rabbi Nathan Rose</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>Tem. Samu-El Or Olom, 9353 SW 152 Ave.</b>	
CITY-ST-ZIP <b>Miami, Fl. 33196</b>	
TITLE NAME TD <b>Bookman, Terry, Rabbi</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>Tem. Beth Am, 5950 N. Kendall Dr.</b>	
CITY-ST-ZIP <b>Miami, Fl. 33156</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Solomon Schiff **3/20/01** **305-576-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)