

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709512

1. Entity Name

YOUNG ISRAEL OF SKYLAKE, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90025 006 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br>1850 N.E. 183 STREET<br>NORTH MIAMI BEACH FL 33179 | Mailing Address<br>1850 N.E. 183 STREET<br>NORTH MIAMI BEACH FLA 33179-5034 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>59-1106922</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**HOFFMAN, MARTIN I.**  
**633 N.E. 167TH STREET**  
**N. MIAMI BEACH FL 33162**

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 \_\_\_\_\_ (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                  |  |
|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>SIGMAN, THEODORE</b><br><b>1950 N.E. 186 DR.</b><br><b>N MIAMI BCH, FL 00000</b> <input type="checkbox"/> Delete                    |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>SCHWARTZ, LOUIS J</b><br><b>1750 NE 191 ST STE 200</b><br><b>NO MIAMI BEACH FL 33179</b> <input checked="" type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GLEICHER, MILTON</b><br><b>1350 N E 191 ST STE 108</b><br><b>NO MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GABEL, ABRAHAM</b><br><b>1745 N E 179 ST</b><br><b>N MIAMI BEACH, FL 00000 33162</b> <input checked="" type="checkbox"/> Delete     |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>RABINOWITZ, BARUCH</b><br><b>1300 MIAMI GARDENS DR #214 E</b><br><b>N MIAMI BCH FL 33179</b> <input type="checkbox"/> Delete       |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>P.</b><br><b>Gleicher, Milton</b><br><b>1350 N.E. 191st.St. # 108</b><br><b>North Miami Beach, Fla. 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>V.P.</b><br><b>Sigman, Theodore</b><br><b>1950 N.E. 186th Drive</b><br><b>North Miami Beach, Fla. 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>T.</b><br><b>Poretzky, Philip</b><br><b>1660 N.E. 191st. St. #309</b><br><b>North Miami Beach, Fla. 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>S.</b><br><b>Rabinowitz, Baruch J.</b><br><b>1300 N.E. Miami Gardens Dr. #214 E</b><br><b>North Miami Beach, Fla. 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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** *Milton Gleicher - Res 4/3/00 305-945-8712*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)