

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90155 042 \*\*\*\*61.25

**DOCUMENT # 709512**

1. Entity Name

**YOUNG ISRAEL OF SKYLAK, INC.**

Principal Place of Business

Mailing Address

1850 N.E. 183 STREET  
 N MIAMI BEACH FL 33179

1850 N.E. 183 STREET  
 N MIAMI BEACH FL 33179

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

**59-1106922**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, MARTIN I.**  
**633 N.E. 187TH STREET**  
**N. MIAMI BEACH FL 33162**

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 **S**  Delete  
 NAME **SIGMAN, THEODORE**  
 STREET ADDRESS **1950 N.E. 186 DR.**  
 CITY-ST-ZIP **N MIAMI BCH, FL 00000**

TITLE **V D**  Change  Addition  
 NAME **SIGMAN, THEODORE**  
 STREET ADDRESS **1950 N.E. 186 Dr.**  
 CITY-ST-ZIP **N. Miami Beach, Fla. 33179**

TITLE **D**  Delete  
 NAME **GLEICHER, MILTON**  
 STREET ADDRESS **1350 N E 191 ST STE 108**  
 CITY-ST-ZIP **NO MIAMI BEACH FL 33179**

TITLE **P D**  Change  Addition  
 NAME **GLEICHER, MILTON**  
 STREET ADDRESS **1350 N.E. 191st. Street 108**  
 CITY-ST-ZIP **North Miami Beach, Fla. 33179**

TITLE **SD**  Delete  
 NAME **RABINOWITZ, BARUCH**  
 STREET ADDRESS **1300 MIAMI GARDENS DR #214 E**  
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE **S**  Change  Addition  
 NAME **SIGMAN, RHODA**  
 STREET ADDRESS **1950 N.E. 186 Drive**  
 CITY-ST-ZIP **North Miami Beach, Fla. 33179**

TITLE **T**  Delete  
 NAME **PORETSKY, PHILIP**  
 STREET ADDRESS **1660 NE 191ST ST # 309**  
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **T**  Change  Addition  
 NAME **PORETSKY, PHILIP**  
 STREET ADDRESS **1660 N.E. 191st.St. #309**  
 CITY-ST-ZIP **North Miami Beach, Fla. 33179**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 817, 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* 6/5/01 305-944-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)