

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718876

1. Entity Name

HILLEL COMMUNITY DAY SCHOOL, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90162 015 ****61.25

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 19000 N.E. 25TH AVE. (N. MIAMI BCH) P.O. BOX 630158 OJUS STAT. OJUS FL 33163 | 19000 N.E. 25TH AVE. (N. MIAMI BCH) P.O. BOX 630158 OJUS STAT. OJUS FL 33163-0158 |

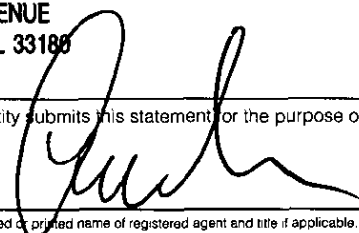


DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---------------------|--|
| 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 59-1296635 | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LIPSON, ARTHUR E 19000 NE 25TH AVENUE N. MIAMI BEACH FL 33180 | | 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 4/7/00

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

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD KOSLOVSKY, SUSAN 19000 NE 25TH AVE. N. MIAMI BEACH FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KOSLOVSKY, SUSAN 19000 NE 25th AVE. N. MIAMI BEACH FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LIPSON, ARTHUR 19000 NE 25TH AVE N. MIAMI BEACH FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LIPSON ARTHUR 19000 NE 25th AVE. N. MIAMI BEACH FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CANNER, IRVING 19000 NE 25TH AVENUE N. MIAMI BEACH FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STANLEY WEINSTEIN 19000 NE 25 AVE. N. MIAMI BEACH FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KOPEL, FORTUNA 19000 NE 25TH AVE N. MIAMI BEACH FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BRIGITT ROK 19000 NE 25th Ave. N. MIAMI BEACH FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WEINSTEIN, STANLEY 19000 NE 25TH AVE N MIAMI BCH FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOWARD BIEMENFELD 19000 NE 25th AVE N. MIAMI BEACH FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DACH, JUDITH 19000 NE 25TH AVE N MIAMI BCH FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DACE JUDITH 19000 NE 25th AVE. N MIAMI BEACH FL 33180 <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)(f), 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 I am empowered.

SIGNATURE:  SIGNATURE REQUIRED 4/7/00 (305) 931-2831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)