

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90182 012 ****61.25

DOCUMENT # 718876

1. Entity Name

HILLEL COMMUNITY DAY SCHOOL, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1296635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

ARTHUR E. LIPSON

1/11/01

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 **PD** Delete
 NAME **KOSLOVSKY, SUSAN**
 STREET ADDRESS **19000 NE 25TH AVE.**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **PD** Change Addition
 NAME **LIPSON ARTHUR E.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **LIPSON, ARTHUR**
 STREET ADDRESS **19000 NE 25TH AVE**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **VD** Change Addition
 NAME **KOPEL FORTUNA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WEINSTEIN, STANLEY**
 STREET ADDRESS **19000 NE 25TH AVENUE**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ROK, BRIGITT**
 STREET ADDRESS **19000 NE 25TH AVE**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BIEMENFIELD, HOWARD**
 STREET ADDRESS **19000 NE 25TH AVE**
 CITY-ST-ZIP **N MIAMI BCH FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **DACH, JUDITH**
 STREET ADDRESS **19000 NE 25TH AVE**
 CITY-ST-ZIP **N MIAMI BCH FL 33180**

TITLE **VD** Change Addition
 NAME **JOANNE PAPIR**
 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 REAR ARTHUR E. LIPSON

1/11/01

(305) 931-2831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)