

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 031 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 718876
1. Entity Name **HILLEL COMMUNITY DAY SCHOOL INC** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19000 NE 25th Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 630158
Suite, Apt. #, etc.
OJUS STATION

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH FL

City & State
OJUS FLORIDA

Zip
33180

Country
U.S.A.

Zip
33163

Country
U.S.A.

4. FEI Number
59-1296635

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

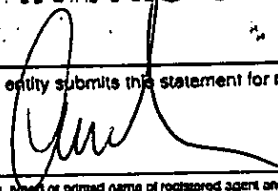
7. Name and Address of Current Registered Agent

Name **LIPSON ARTHUR**

Street Address (P.O. Box Number is Not Acceptable)
19000 NE 25th AVENUE

City **NORTH MIAMI BEACH** State **FL** Zip Code **33180**

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  **LIPSON ARTHUR E.** DATE **04/29/02**

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

FEE IS \$61.25
Initial or Amended UBR

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 STREET ADDRESS CITY-ST-ZIP	PD LIPSON ARTHUR E. 19000 NE 25th Ave. North Miami Beach Fl. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOPEL FORTUNA 19000 NE 25th Ave. North Miami Beach Fl. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUSTIN FRYE 19000 NE 25th Ave. North Miami Beach Fl 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDY DACH 19000 NE 25th Ave. North Miami Beach Fl 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOL ZUCKERMAN 19000 NE 25th Ave. North Miami Beach Fl 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOANNE PAPIR 19000 NE 25 Ave. North Miami Beach Fl 33180	TITLE 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

ARTHUR LIPSON

(305931-2831