

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732287

1. Entity Name

HIGH SCHOOL IN ISRAEL, INC.

Principal Place of Business

1175 NE 125TH ST.
500
N. MIAMI FL 33161
US

Mailing Address

1175 NE 125TH ST.
500
N. MIAMI FL 33161-5012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, LOUISE
C/O STEARNS, WEAVER, MILLER
150 W FLAGLER #200
MIAMI FL 33130

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	VD	<input type="checkbox"/> Delete
NAME	BILZIN, BRIAN	
STREET ADDRESS	200 S BISCAYNE BLVD, SUITE 2500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEBCHICK, LEONARD	
STREET ADDRESS	888 SIXTEENTH ST NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, KAYLA	
STREET ADDRESS	2000 TOWERSIDE TERRACE #1002	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENNETT, HILDA M	
STREET ADDRESS	19400 N.E. 19TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GILBERT, ROBERT	
STREET ADDRESS	133 SEVILLA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1800 NE 114 ST, #1205	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90211 004 ****70.00

A0008397



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0173782

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2E037 (9/99)