

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90068 040 ****61.25

DOCUMENT # 746503

1. Entity Name
THE SEPHARDIC SOCIAL CLUB OF FLORIDA



Principal Place of Business: **C/O JUDITH DELAFUENTE, 21785 CYPRESS DR, BOCA RATON FL 33433**
Mailing Address: **C/O JUDITH DELAFUENTE, 21785 CYPRESS DR, BOCA RATON FL 33433**

00040001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2734111**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**KOHAN, ANDREW J., ESQ.
2034 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: HENRY, ANGEL STREET ADDRESS: 8991 NW 12TH ST CITY-ST-ZIP: PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE: D NAME: PENSO, LEON STREET ADDRESS: 6406 PINEHURST CIRCLE CITY-ST-ZIP: TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE: V NAME: HALIO, HANK STREET ADDRESS: 7906 A. LEXINGTON CLUB BLVD. CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: P NAME: DELAUENTE, JUDITH STREET ADDRESS: 21785 CYPRESS DR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: D NAME: GORMEZANO, SAMUEL STREET ADDRESS: 5609 COCO PALM DR. CITY-ST-ZIP: TAMARAC FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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)(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 REQUIRED** *[Signature]* **561-482-0592**

CR2E037 (10/02)