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

Mailing Address

1110 N.E. 163 ST.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

N MIAMI BCH FL 33162

DOCUMENT # 769333

Country

6. Name and Address of Current Registered Agent

1. Entity Name

1110 N.E. 163 ST.

N. MIAMI BCH FL 33162

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

SOSTCHIN, GUILLERMO

1415- 20TH ST #402 MIAMI BEACH FL 33140-

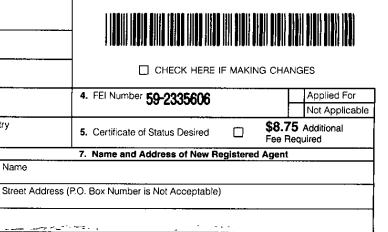
BETH JACOB HIGH SCHOOL, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90049 045 ****61.25

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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.

Country

Name

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

Zip Code

FILE NOW: FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				10	
TITLE	VTD	☐ Delete	TITLE				☐ Change	Addition
NAME	SOSTCHIN, HENRIETTA	1	NAME				_ ·	_
STREET ADDRESS	1415- 20TH ST #402		STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP					}
TITLE	CPD	☐ Delete	TITLE	1			☐ Change	Addition
NAME	SOSTCHIN, GUILLERMO		NAME					
STREET ADDRESS	1415- 20TH ST #402	•	STREET ADDRESS	1				}
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME	LAMPERT, ARI		NAME			· ·		_
STREET ADDRESS	4465 MERIDIAN AVE		STREET ADDRESS	1		-		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				Change	☐ Addition
NAME	LEIZERSON, EPHRAIM		NAME					_ (
STREET ADDRESS	670 NE 176 ST		STREET ADDRESS					
CITY-ST-ZIP	N MIAMI BEACH FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME				•	
STREET ADDRESS			STREET ADDRESS					}
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					[
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY_ST_7IP	!				1

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. changed, or on an attachment with an address, with

SIGNATURE