

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-15-2002 90070 034 ****61.25

DOCUMENT # N00000007634

1. Entity Name

**REV. HENRY JULIUS MEMORIAL LIBRARY OF FORT LAUDE
 RDALE**

Principal Place of Business

Mailing Address

3500 N. OCEAN BLVD.
 FT. LAUDERDALE FL 33308

3500 N. OCEAN BLVD.
 FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**LIPSZYC, MOISHE MEIR
 3500 N. OCEAN BLVD.
 FT. LAUDERDALE FL 33308**

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: **DP** Delete
 NAME: **LIPSZYC, MOISHE MEIR**
 STREET ADDRESS: **12 FORT ROYAL ISLE**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33308**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **DS** Delete
 NAME: **WILHELM, MENACHEM M**
 STREET ADDRESS: **12 FORT ROYAL ISLE**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33308**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **DT** Delete
 NAME: **KAPLAN, SCHNEUR ZALMAN**
 STREET ADDRESS: **276 HIBISCUS AVE.**
 CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33301**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: **Peal Mutter Robert DS**
 STREET ADDRESS: **1033 G. Oakland pk Blvd**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33334**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: **AR MOSE SOYAK**
 STREET ADDRESS: **11000 WINDYBROOK DR**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33308**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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

1/7/2002 (407) 568-490

Date

Daytime Phone #

CR2E037 (9/01)