

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90002 014 ****61.25

DOCUMENT # N00000007638

1. Entity Name

JEWISH LEARNING CENTER, OHR OF MIAMI BEACH INCOR

(Handwritten initials)

Principal Place of Business

Mailing Address

465 41 ST.
 MIAMI BEACH FL 33140

465 41 ST.
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

411 41 Street

411 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

Applied For
 Not Applicable

Zip
 33140

Country USA
~~33140~~

Zip
 33140

Country USA

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

DUCHMAN, YOSSIE
 465 41 ST.
 MIAMI BEACH FL 33140

Name *Mendelsohn, Shmuel*

Street Address (P.O. Box Number is Not Acceptable)

2965 North Bay Road

City *Miami Beach*

FL

Zip Code
 33140

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

Shmuel Mendelsohn DT Sept. 5, 01

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
After September 12, 2001, min. will be \$236.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP DUCHMAN, YOSSIE 3170 PINE TREE DR. MIAMI BEACH FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS KRINSKY, SHMAYA 3850 FLAMINGO DR. MIAMI BEACH FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT MENDELSON, SHMUEL 2695 NORTH BAY RD. MIAMI BEACH FL 33140	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Shmuel Mendelsohn Sept. 5, 01 305-535-0094*

CR12E037 (5/01)