

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90116 005 ***61.25

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

DOCUMENT # N01000000164
 1. Entity Name
 The Nishmat Chaim Learning Center

DO NOT WRITE IN THIS SPACE

30672

2. Principal Place of Business
 1151 N.E. 169th Terrace
 Suite, Apt. #, etc.

3. Mailing Address
 1151 N.E. 169th Terrace
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 N.H.B., FL.

City & State
 N.H.B., FL.

Zip - Country
 33162 USA

Zip - Country
 33162 USA

4. FEI Number
 05-1077789

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Andy Moses Matz

Street Address (P.O. Box Number is Not Acceptable)
 1151 N.E. 169th Terrace

City
 N.H.B.

FL Zip Code
 33162

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 *Andy Matz* Andy Matz Director DATE April 17, 2002

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
 Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. and Sec. Ruben Matz D 2700 Biscayne Blvd. Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jonathan Rubin D 5077 N. Bay Rd M.B., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benjamin Befeler Treas. 9 Island Drive Miami Beach, FL 33199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andy Matz, Director & T 1151 N.E. 169th Terrace N.H.B. FL, 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Andy Matz* DATE April 17 2002 DAYTIME PHONE # 305 216 9718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR