

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90013 046 ****70.00

DOCUMENT # N19529

1. Entity Name

SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.

Principal Place of Business

Mailing Address

5701 S.W. 82 AVE.
 DAVIE FL 33328
 US

5701 S.W. 82 AVE.
 DAVIE FL 33328
 US

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

65-0027616

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, GARY DR.
5701 SW 82 AVE.
DAVIE FL 33028

Name

SIEPSE, GARY

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

5701 S.W. 82 AVE.

DAVIE, FL. 33328

City

DAVIE

FL

Zip Code
33328

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

Gary Siepser

2/1/02

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	PD	<input type="checkbox"/> Delete
NAME	ALTER, BARRY R MD	
STREET ADDRESS	3212 SW 57TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KASSOWER, JEFFREY	
STREET ADDRESS	10315 NW 3 PL.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TELLES, SELMA	
STREET ADDRESS	6618 RACQUET CLUB DR.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TABATCHNICK, DREW	
STREET ADDRESS	12101 NW 7TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, GARY DR.	
STREET ADDRESS	90 JUNIPER ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERZOFKY, CARYL	
STREET ADDRESS	5101 W PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, GENE K.	
STREET ADDRESS	4231 Casper Court	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPATZ, GAIL	
STREET ADDRESS	3830 N 31ST. TERR.	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, REBECCA H.	
STREET ADDRESS	4210 CASPER COURT	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEPSE, GARY	
STREET ADDRESS	5701 SW 82 AVENUE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERSTEIN, MARK K.	
STREET ADDRESS	8708 MAHOGANY AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33324	

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:

Gary Siepser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
 Date

954-746-7960
 Daytime Phone #

CR2E037 (9/01)