

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37338

1. Entity Name

JEWISH LEADERSHIP INSTITUTE, INC.

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90046 003 ****61.25

Principal Place of Business

2801 FLORIDA AVE
SUITE 12
COCONUT GROVE FL 33133
US

Mailing Address

2801 FLORIDA AVE
SUITE 12
COCONUT GROVE FL 33133-1903
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0180927

Applied For

Not Applicable

Zip

Country

Zip

Country

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

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
STE. 3000
MIAMI FL 33131

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 PD
NAME ABRAMOWITZ, MAYER
STREET ADDRESS 1330 CLEVELAND RD
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

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

TITLE D
NAME ABRAMOWITZ, RACHEL
STREET ADDRESS 1330 CLEVELAND RD
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

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

TITLE D
NAME OPPENHEIMER, DAHLIA
STREET ADDRESS 4645 N. BAY RD
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

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

TITLE D
NAME SEGAL, MIKE
STREET ADDRESS 201 S. BISCAYNE BLVD., STE. 3000
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE VP
NAME ABRAMOWITZ, DAVID
STREET ADDRESS 4525 NAUTILUS DR
CITY-ST-ZIP MIAMI BCH FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DAVID ABRAMOWITZ, Vice President

Date

Daytime Phone #