

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90148 030 \*\*\*\*61.25

600221



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N37338**  
 1. Entity Name  
**JEWISH LEADERSHIP INSTITUTE, INC.**

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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0180927</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
**B & C CORPORATE SERVICES, INC.**  
 201 S. BISCAYNE BLVD.  
 STE. 3000  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
 Name David Abramowitz  
 Street Address (P.O. Box Number is Not Acceptable)  
902801 Florida Avenue, Suite 12  
 City Coconut Grove FL Zip Code 33133

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] David Abramowitz DATE 1/2/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMOWITZ, MAYER 1330 CLEVELAND RD MIAMI BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMOWITZ, RACHEL 1330 CLEVELAND RD MIAMI BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPPENHEIMER, DAHLIA 4645 N. BAY RD MIAMI BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, MIKE 201 S. BISCAYNE BLVD., STE. 3000 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAMOWITZ, DAVID 4525 NAUTILUS DR MIAMI BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 DAVID ABRAMOWITZ, Director DATE 1/2/01 Daytime Phone # 305-569-0103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)