

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90047 026 ****61.25

DOCUMENT # N37338

1. Entity Name

JEWISH LEADERSHIP INSTITUTE, INC.

Principal Place of Business

Mailing Address

2801 FLORIDA AVE
 SUITE 12
 COCONUT GROVE FL 33133
 US

2801 FLORIDA AVE
 SUITE 12
 COCONUT GROVE FL 33133
 US

2. Principal Place of Business

1701 Washington Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

USA

Zip

Country

4. FEI Number

65-0180927

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

ABRUMOWITZ, DAVID
 C/O 2801 FLORIDA AVE. SUITE 12
 STE. 3000
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name David Abramowitz

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

1701 Washington Avenue, Suite 100

City Miami Beach

FL

Zip Code 33139

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

DAVID ABRUMOWITZ
 David Abramowitz

1/10/02

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

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

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)