

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90005 013 ****61.25

DOCUMENT # N94000004337

1. Entity Name
BAIS MEDRASH OF SOUTH FLORIDA, INC.



Principal Place of Business
**1190 NE 176TH ST
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1190 NE 176TH ST
NORTH MIAMI BEACH, FL 33162**

54070788



08022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0157570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHESAL, MICHAEL B
201 S. BISCAYNE BLVD
SUITE 1970
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | DP |
| NAME | CHESAL, MICHAEL |
| STREET ADDRESS | 201 S. BISCAYNE BLVD |
| CITY-STATE-ZIP | MIAMI, FL |
| TITLE | DV |
| NAME | BRAUSER, JOEL |
| STREET ADDRESS | 5130 N. HILLS DR. |
| CITY-STATE-ZIP | HOLLYWOOD, FL |
| TITLE | D |
| NAME | TILLES, DAVID |
| STREET ADDRESS | 801 S SURF RD |
| CITY-STATE-ZIP | HOLLYWOOD, FL |
| TITLE | DS |
| NAME | YACHNES, AVROHOM RABBI |
| STREET ADDRESS | 1190 NE 176TH ST |
| CITY-STATE-ZIP | NORTH MIAMI BEACH, FL 33162 |
| TITLE | D |
| NAME | TAMIR, SAMMY |
| STREET ADDRESS | 17020 NE 8TH PL |
| CITY-STATE-ZIP | N. MIAMI BEACH, FL |
| TITLE | D |
| NAME | PARITZKY, MICHAEL D |
| STREET ADDRESS | 955 NE 173RD ST. |
| CITY-STATE-ZIP | N. MIAMI, FL |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #