

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90115 025 \*\*\*\*61.25

**DOCUMENT # N96000004704**

1. Entity Name  
**KING DAVID SOCIETY INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**7006 HUNTINGTON LANE #104 BLDG. 12**      **765A E NEW YORK AVE.**  
**DELRAY BEACH FL 33446**      **BROOKLYN NY 11203-1201**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**36-4087152**      Not Applicable

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

6. Name and Address of Current Registered Agent

**RABBI DAVID MARCIANO ISHAI**  
**7006 HUNTINGTON LANE #104 BLDG. 12**  
**DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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.	<input type="checkbox"/> Delete
NAME	YISHAI, RABBI DAVID M B	
STREET ADDRESS	7006 HUNTINGTON LANE #104 BLDG. 12	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GREENSPAN, HARRY	
STREET ADDRESS	7006 HUNTINGTON LN	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARCIANO, BECKY	
STREET ADDRESS	2333 N 68TH ST	
CITY-ST-ZIP	WAUWATOSA WI	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DR MALVIN J LANCY	
STREET ADDRESS	1515 S PENSERVILLE DR	
CITY-ST-ZIP	STENSVILLE MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**      Date: **1/23/2000**      Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)