

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
 DELRAY BEACH FL 33446

765A E NEW YORK AVE.
 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

4. FEI Number

36-4087152

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

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

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. | <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 | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2000
 Date

Daytime Phone #

CR2E037 (9/99)