

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000012

1. Entity Name

JEWISH LEARNING CENTER/OHR MENACHEM MENDEL, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90117 006 ****61.25

Principal Place of Business

Mailing Address

465 41 STREET
 MIAMI BEACH FL 33140

465 41 STREET
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEW, RUVEN RABBI
 465 41 STREET
 MIAMI BEACH FL 33140

Name Mendelsohn, Rabbi Shmuel

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

465 41 Street

City Miami Beach

FL

Zip Code 33140

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

Shmuel Mendelsohn, NP

March 29, 00

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 checked="" type="checkbox"/> Delete
NAME	NEW, RUVEN	
STREET ADDRESS	465 41 STREET	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEW, AHUVA	
STREET ADDRESS	465 41 STREET	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUCHMAN, YOSSI	
STREET ADDRESS	465 41 STREET	
CITY-ST-ZIP	MIAMI BCH FL 33140	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duchman, Yossi	
STREET ADDRESS	465 41 Street	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mendelsohn, Shmuel	
STREET ADDRESS	465 41 Street	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilentz, Joseph	
STREET ADDRESS	465 41 Street	
CITY-ST-ZIP	Miami Beach, FL 33140	
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

Yossi Duchman March 29, 00 (305) 535-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)