

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-17-2001 90083 039 ****61.25

DOCUMENT # N98000006795 1/17

1. Entity Name
AGUDATH ISRAEL OF SOUTH FLORIDA, INC.

Principal Place of Business **Mailing Address**
777 41ST STREET 777 41ST STREET
2ND FLOOR 2ND FLOOR
MIAMI FL 33140 MIAMI FL 33140

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

4. FEI Number 65-0879644 **Applied For**
Not Applicable

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**

MANASTER, JOSHUA D
1428 BRICKELL AVENUE 8TH FLOOR
MIAMI FL 33131

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 **DATE**
Show name, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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 NAME STREET ADDRESS CITY-ST-ZIP | D P RUBIN, JONATHAN 5077 NORTH BAY RD MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D S WEISS, BUDDY 17611 NE 7 AVE NORTH MIAMI BEACH FL 33182 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D T STEINGROOT, DAVID 1045 19 STREET MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLANDER, ARI 4525 N MERIDIAN AVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, MARVIN 1120 NE 173 ST NORTH MIAMI BEACH FL 33182 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VP LAPCIUC, MARCOS 2108 NORTH BAY RD MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 if duly 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 a list of names, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1/8/01** **(305)412-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID STEINGROOT 2/19/01

CR2007 10/00