

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90404 027 \*\*\*\*61.25

**DOCUMENT # N99000001955**

1. Entity Name

HEBREW EDUCATORS ALLIANCE, INC.



Principal Place of Business

4200 BISCAYNE BLVD.  
 MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD.  
 MIAMI FL 33137

2. Principal Place of Business

2040 ALTON RD

Suite, Apt. #, etc.

3. Mailing Address

2040 ALTON RD

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

MIAMI BEACH FL

Zip  
 33140

Country  
 USA

City & State

MIAMI BEACH FL

Zip  
 33140

Country  
 USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAPIRO, MRS. TIRTZA  
 2040 ALTON ROAD  
 MIAMI BEACH FL 33140

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

SIGNATURE

*Tirtza Schapiro*

TIRTZA SCHAPIRO

3/24/04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SCHAPIRO, TIRTZA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2040 ALTON RD MIAMI BEACH FL 33139	
TITLE NAME	PD GREENBERG, ELLA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10925 SW 113 PL #B MIAMI FL 33176	
TITLE NAME	PT SZNOL, SARA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19832 NE 1 AVE N MIAMI BEACH FL 33179	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Tirtza Schapiro* TIRTZA SCHAPIRO 3/24/04 305-531-8079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #