

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90102 023 ***150.00

C0007628



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000035609

1. Entity Name
JEWISH MATCHMAKING COMPANY

Principal Place of Business Mailing Address

1031 IVES DAIRY RD 1031 IVES DIARY RD
 228 228
 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179-2538
 US US

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 **65-0409928** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ABE ROSENBERG PA
3876 SHERIDAN ST
HOLLYWOOD FL 33021

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HORVITZ, ELAINE	
STREET ADDRESS	1154 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HORVITZ, GILBERT L	
STREET ADDRESS	1154 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HORVITZ, CAREN	
STREET ADDRESS	1154 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1112 NE 3rd Street
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1112 NE 3rd Street
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1546 Yellowheart Way
CITY-ST-ZIP	Hollywood, FL 33019
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine Horvitz Elaine Horvitz 1/11/00 305/770-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)