

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004337 (1)

1. Corporation Name

BAIS MEDRASH OF SOUTH FLORIDA, INC.



Principal Place of Business

1190 NE 176TH ST
NORTH MIAMI BEACH FL 33162

Mailing Address

1190 NE 176TH ST
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

07/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0517570

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESAL, MICHAEL B
201 S. BISCAYNE BLVD
SUITE 1970
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, or if not applicable

2007E Registered Agent signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CHESAL, MICHAEL
STREET ADDRESS 201 S. BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DV
NAME BRAUSER, JOEL
STREET ADDRESS 5130 N. HILLS DR.
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE TD
NAME RUBENFIELD, JOSEPH
STREET ADDRESS 3324 SW 57TH PL
CITY-ST-ZIP FT. LAUD. FL ☒ DELETE

TITLE DS
NAME YACHNES, AVROHOM RABBI
STREET ADDRESS 1190 NE 176TH ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ DELETE

TITLE D
NAME TAMIR, SAMMY
STREET ADDRESS 17020 NE 8TH PL
CITY-ST-ZIP N. MIAMI BEACH FL ☐ DELETE

TITLE D
NAME PARITZKY, MICHAEL D
STREET ADDRESS 955 NE 173RD ST.
CITY-ST-ZIP N. MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME TILLES, DAVID
13 STREET ADDRESS 861 S SURF Rd.
14 CITY-ST-ZIP Hollywood, FL 33019 ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96

305 652 3447

CR2E037 (12/95)