

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 768087**

1. Entity Name

**THE ALEPH INSTITUTE, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90991 004 \*\*\*\*61.25

Principal Place of Business <b>9540 COLLINS AVE 2ND FL SURFSIDE FL 33154 US</b>	Mailing Address <b>P.O. BOX 547127 SURFSIDE FL 33154-7127 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2291627</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JAROSLAWICZ, ISAAC M  
9540 COLLINS AVENUE  
SURFSIDE FL 33154**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLTZ, DANIEL</b>	
STREET ADDRESS	<b>9540 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KAHN, SONNY</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BORUCH, DUCHMAN</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JAROSLAWICZ, ISAAC M</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KRIGEL, RONALD</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>LIPSKAR, SHOLOM D</b>	
STREET ADDRESS	<b>9540 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **LIPSKAR** **4/28/00** **305 864 5553**  
Date Daytime Phone #

CR2E037 (9/99)