

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

9540 COLLINS AVE
2ND FL
SURFSIDE FL 33154
US

Mailing Address

P.O. BOX 547127
SURFSIDE FL 33154-7127
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

59-2291627

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

JAROSLAWICZ, ISAAC M
9540 COLLINS AVENUE
SURFSIDE FL 33154

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

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

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 PD ☐ Delete
NAME HOLTZ, DANIEL
STREET ADDRESS 9540 COLLINS AVENUE
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME KAHN, SONNY
STREET ADDRESS 9540 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BORUCH, DUCHMAN
STREET ADDRESS 9540 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME JAROSLAWICZ, ISAAC M
STREET ADDRESS 9540 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KRIGEL, RONALD
STREET ADDRESS 9540 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME LIPSKAR, SHOLOM D
STREET ADDRESS 9540 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
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] LIPSKAR 4/28/00 305 864 5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)