

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768087**

1. Entity Name  
 THE ALEPH INSTITUTE, INC.

Principal Place of Business 9540 COLLINS AVE 2ND FL SURFSIDE 33154 US	FL	Mailing Address P.O. BOX 547127 SURFSIDE 33154 US	FL
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2291627</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

JAROSLAWICZ ISAAC M  
 9540 COLLINS AVENUE  
 SURFSIDE FL  
 33154 US

**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 \_\_\_\_\_ DATE **04/23/2001**  
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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: ISAAC M. JAROSLAWICZ** vp **04/23/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)