

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
FL2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2291627Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**JAROSLAWICZ ISAAC M
9540 COLLINS AVENUE
SURFSIDE
33154
US
FL**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 _____ 04/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33154	Delete
C	LIPSKAR SHOLOM D	9540 COLLINS AVE	SURFSIDE	FL	33154	<input type="checkbox"/>
VP	JAROSLAWICZ ISAAC M	9540 COLLINS AVE	SURFSIDE	FL		<input type="checkbox"/>
ST	BORUCH DUCHMAN	9540 COLLINS AVE	SURFSIDE	FL		<input type="checkbox"/>
VPD	KAHN SONNY	9540 COLLINS AVE	SURFSIDE	FL		<input type="checkbox"/>
PD	HOLTZ DANIEL	9540 COLLINS AVENUE	SURFSIDE	FL		<input type="checkbox"/>
						<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33154	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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 Daytime Phone #

CR2E037 (11/00)