

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12650

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: HILLEL JEWISH STUDENT CENTER OF TAMPA, INC.

Current Principal Place of Business:

1100 STANFORD DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1100 STANFORD DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1120985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANTROWITZ, DOLORES
1100 STANFORD DRIVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KREITZER, LAURA
Address: 14240 N. 42ND STREET, #1301
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: KRAM, MARK
Address: 1100 STAMFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: STD () Delete
Name: GOLDMAN, HOWARD
Address: 1100 STANFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SPIRAK, NICKY
Address: 14240 N. 42ND STREET, #1301
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SPIVAK, NICKY
Address: 14240 N. 42ND STREET, #1301
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICKY SPIVAK

D

01/09/2002

Electronic Signature of Signing Officer or Director

Date