

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90192 037 \*\*\*\*61.25

0024554

**DOCUMENT # 768087**

1. Entity Name

**THE ALEPH INSTITUTE, INC.**

Principal Place of Business

Mailing Address

9540 COLLINS AVE  
 2ND FL  
 SURFSIDE FL 33154  
 US

P.O. BOX 547127  
 SURFSIDE FL 33154  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2291627**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	HOLTZ, DANIEL	
STREET ADDRESS	9540 COLLINS AVENUE	
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	ST	<input type="checkbox"/> Delete
NAME	BORUCH, DUCHMAN	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JAROSLAWICZ, ISAAC M	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	LIPSKAR, SHOLOM D	
STREET ADDRESS	9540 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
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
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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)(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 REQUIRED~~

CR2E037 (9/01)