

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 022 ****61.25

DOCUMENT # N01000008678

1. Entity Name
Secular Jewish Humanists, Inc.
JEWISH-SECULAR HUMANISTS, INC.

*NIC
 FLD
 3/18/02
 nam*

Principal Place of Business

Mailing Address

**290 N.W. 165TH STREET STE P300
 MIAMI FL 33169**

**290 N.W. 165TH STREET STE P300
 MIAMI FL 33169**

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

010666024

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

**BARON, CHARLES
 290 N.W. 165TH STREET STE P300
 MIAMI FL 33169**

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: **DC** ☐ Delete
 NAME: **BARON, CHARLES**
 STREET ADDRESS: **290 N.W. 165TH STREET STE P300**
 CITY-ST-ZIP: **MIAMI FL 33169**

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

TITLE: **D Lieberman** ☐ Delete
 NAME: **LEIBERMAN, JACK**
 STREET ADDRESS: **2431 N.E. 201ST STREET**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33180**

TITLE: ☐ Change ☐ Addition
 NAME: **Lieberman, Jack**
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **GREENFIELD, BURTON D**
 STREET ADDRESS: **1545 SEAGRAPE WAY**
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

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

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

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

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: *Charles Baron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(305) 944-5656

Daytime Phone #

CR2E037 (9/01)