

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90659 037 ****70.00

DOCUMENT # F02000001873

1. Entity Name
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY, INC.



Principal Place of Business
**39 BROADWAY
NEW YORK, NY 10006**

Mailing Address
**39 BROADWAY
NEW YORK, NY 10006**

34000003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
13-1996126

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AUFZIEN, ALAN
5100 WHITE OAK LANE
FORT LAUDERDALE, FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **AUFZIEN, ALAN**
STREET ADDRESS **5100 WHITE OAK LANE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33319**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **William F. Cohen**
STREET ADDRESS **53 East 27th Street**
CITY-ST-ZIP **Paterson NJ 07514**

TITLE **VT** ☐ Delete
NAME **YORAN, SHALOM**
STREET ADDRESS **12 COVE LANE**
CITY-ST-ZIP **KING POINT, NY 11024**

TITLE **National Chairman** ☐ Change ☒ Addition
NAME **Joel D. Tauber**
STREET ADDRESS **27777 Franklin Road-Suite 1850**
CITY-ST-ZIP **Southfield MI 48034**

TITLE **D** ☐ Delete
NAME **ARON, ROBERTO**
STREET ADDRESS **985 FIFTH AVENUE, APT. 12A**
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **D** ☐ Change ☒ Addition
NAME **Chaim Katzman**
STREET ADDRESS **1696 N.E. Miami Gardens Drive**
CITY-ST-ZIP **North Miami Beach FL 33179**

TITLE **D** ☐ Delete
NAME **AUFZIEN, ALAN L**
STREET ADDRESS **60 US HIGHWAY 46 EAST 2ND FLOOR**
CITY-ST-ZIP **FAIRFIELD, NJ 07004**

TITLE **CFO** ☐ Change ☒ Addition
NAME **Ahron Wein**
STREET ADDRESS **632 Juno Road Blvd**
CITY-ST-ZIP **West Hempstead NY 11552**

TITLE **D** ☐ Delete
NAME **BRILL, GABY**
STREET ADDRESS **7405 ORANGEWOOD LANE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE **D** ☒ Delete
NAME **CHASE, ALEXANDER**
STREET ADDRESS **5630 WISCONSIN AVENUE**
CITY-ST-ZIP **CHEVY CHASE, MD 20815**

TITLE ☐ Change ☐ 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:

Ahron Wein **Ahron Wein**

4-28-04 212-712-9070x22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #