

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90005 013 ****61.25

DOCUMENT # N94000004337

1. Entity Name
BAIS MEDRASH OF SOUTH FLORIDA, INC.



Principal Place of Business
**1190 NE 176TH ST
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1190 NE 176TH ST
NORTH MIAMI BEACH, FL 33162**

54070788



08022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0157570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHESAL, MICHAEL B
201 S. BISCAYNE BLVD
SUITE 1970
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHESAL, MICHAEL
STREET ADDRESS	201 S. BISCAYNE BLVD
CITY-STATE-ZIP	MIAMI, FL
TITLE	DV
NAME	BRAUSER, JOEL
STREET ADDRESS	5130 N. HILLS DR.
CITY-STATE-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	TILLES, DAVID
STREET ADDRESS	801 S SURF RD
CITY-STATE-ZIP	HOLLYWOOD, FL
TITLE	DS
NAME	YACHNES, AVROHOM RABBI
STREET ADDRESS	1190 NE 176TH ST
CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	D
NAME	TAMIR, SAMMY
STREET ADDRESS	17020 NE 8TH PL
CITY-STATE-ZIP	N. MIAMI BEACH, FL
TITLE	D
NAME	PARITZKY, MICHAEL D
STREET ADDRESS	955 NE 173RD ST.
CITY-STATE-ZIP	N. MIAMI, FL

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #