

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718876

**Entity Name:** SCHECK HILLEL COMMUNITY SCHOOL, INC.

**Current Principal Place of Business:**

19000 N.E. 25TH AVENUE  
NORTH MIAMI BEACH, FL 33180

**Current Mailing Address:**

19000 N.E. 25TH AVENUE  
NORTH MIAMI BEACH, FL 33180

**FEI Number:** 59-1296635

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:** /S/SUSAN ENSTROM

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name MARCUSHAMER, ISAAC  
Address 19000 N.E. 25TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title TREASURER  
Name SOLOMON, PHILIP  
Address 19000 N.E. 25TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title HEAD OF SCHOOL  
Name LEUBITZ, ARI  
Address 19000 N.E. 25TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title VICE CHAIR  
Name HAIME, MARC  
Address 19000 N.E. 25TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title SECRETARY  
Name MINSKI, SHARON  
Address 19000 N.E. 25TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE:** PHILIP SOLOMON

TREASURER

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date