

2016 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:** Yes**Name and Address of Current Registered Agent:**QUINTERO, RAFAEL
19000 NE 25TH AVENUE
MIAMI, FL 33180 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:** RAFAEL QUINTERO

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MARS, GARY
Address 19000 NE 25TH AVE
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title CHAIRMAN
Name BERNER, CARLOS
Address 19000 NE 25TH AVE
City-State-Zip: N. MIAMI BEACH FL 33180

Title VC
Name SCHECK, MARTY
Address 19000 NE 25TH AVE
City-State-Zip: NORTH MIAMI BEACH FL 33180

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

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

Title COO
Name QUINTERO, RAFAEL
Address 19000 N.E. 25TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title CFO
Name TRAUB, LEONARD
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: LEONARD TRAUB

CFO

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date