

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768087

**Entity Name:** THE ALEPH INSTITUTE, INC.

**Current Principal Place of Business:**

9540 COLLINS AVE  
SURFSIDE, FL 33154

**Current Mailing Address:**

9540 COLLINS AVE  
SURFSIDE, FL 33154 US

**FEI Number:** 59-2291627

**Certificate of Status Desired:** No

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

LIPSKAR, JOSEPH  
9540 COLLINS AVENUE  
SURFSIDE, FL 33154 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name RUBIN, LLOYD PD  
Address 9540 COLLINS AVENUE  
City-State-Zip: SURFSIDE FL 33154

Title VPD  
Name KAHN, SONNY  
Address 9540 COLLINS AVE  
City-State-Zip: SURFSIDE FL

Title ST  
Name BORUCH, DUCHMAN  
Address 9540 COLLINS AVE  
City-State-Zip: SURFSIDE FL

Title C  
Name LIPSKAR, SHOLOM D  
Address 9540 COLLINS AVE  
City-State-Zip: SURFSIDE FL 33154

*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:** SHOLOM LIPSKAR

**DIR**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date