

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

DOCUMENT# N02000009750

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC8944115578**

**Entity Name:** SEPHARDIC JEWISH CENTER OF NORTH MIAMI, INC.

**Current Principal Place of Business:**

17100 NORTHEAST 6TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

17100 NORTHEAST 6TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 59-1548211

**Certificate of Status Desired:** No

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

BOAZIZ, MORDECHAI  
4218 SW 130TH AVE.  
DAVIE, FL 33330 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 BOAZIZ, MORDECHAI  
Address 17100 NORTHEAST 6TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title S  
Name ROSY, CHEHEBAR  
Address 210--174 ST# 1519  
City-State-Zip: SUNNY ISLES FL 33160

Title S  
Name GRETAH, MONICA  
Address 850 NE 168TH STREET N.  
City-State-Zip: MIAMI BEACH FL 33162

Title T  
Name MERGI, SIMCHA  
Address 1161 NE 169TH TERRACE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** MORDECHAI BOAZIZ

PD

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date