

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007217

Entity Name: KOL HALEV INC**Current Principal Place of Business:**6279 WINDLASS CIRCLE
BOYNTON BEACH, FL 33472**Current Mailing Address:**6279 WINDLASS CIRCLE
BOYNTON BEACH, FL 33472 US**FEI Number:** 84-2125758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIFF, DAVID
6279 WINDLASS CIRCLE
BOYNTON BEACH, FL 33472 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 P
Name SIFF, DAVID
Address 6279 WINDLASS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title SEC
Name SIFF, TANYA
Address 6279 WINDLASS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIR
Name SIFF, TANYA
Address 6279 WINDLASS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIRECTOR
Name NAKDIMON, ARIELLE
Address 3820 CYPRESS EDGE DRIVE
City-State-Zip: LAKE WORTH FL

Title TRE
Name SIFF, DAVID
Address 6279 WINDLASS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIR
Name SIFF, DAVID
Address 6279 WINDLASS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIR
Name PLOTKIN, SHANDEL
Address 6279 WINDLASS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIRECTOR
Name COHEN, NANCY
Address 7038 BURGESS DR
City-State-Zip: LAKE WORTH FL

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: DAVID B SIFF**RABBI****02/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date