

FEE IS \$61.25

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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703220

1. Corporation Name

RABBINICAL ASSOCIATION OF GREATER MIAMI, INC.

Principal Place of Business

4200 BISCAYNE BLVD.
MIAMI FL 33137
US

Mailing Address

4200 BISCAYNE BLVD.
MIAMI FL 33137
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/18/1961

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0205518

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIFF, SOLOMON RABBI
4200 BISCAYNE BLVD.
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POMERANTZ, GAYLE H RABBI
STREET ADDRESS 4144 CHASE AVE.
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VPD
NAME PEARLSON, ELIOT H RABBI
STREET ADDRESS 620-75 STREET
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE SD
NAME DUDAI, SHIMON RABBI
STREET ADDRESS 1700 MICHIGAN AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE TD
NAME GOLDBERG, EDWIN RABBI
STREET ADDRESS 5500 GRANADA BLVD.
CITY-ST-ZIP MIAMI FL 33146

TITLE EVPD
NAME SCHIFF, SALOMON RABBI
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD0007 14108