

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703220

1. Entity Name

RABBINICAL ASSOCIATION OF GREATER MIAMI, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90019 032 ****61.25

Principal Place of Business

4200 BISCAYNE BLVD.
MIAMI FL 33137
US

Mailing Address

4200 BISCAYNE BLVD.
MIAMI FL 33137-3210
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0205518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFF, SOLOMON RABBI
4200 BISCAYNE BLVD.
MIAMI FL 33137

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME PEARLSON, ELIOT H. RABBI
STREET ADDRESS 520 - 75 Street
CITY-ST-ZIP Miami Beach, FL. 33141

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

TITLE VPD
NAME DUDAI, SHIMON RABBI
STREET ADDRESS 1700 Michigan Ave.
CITY-ST-ZIP Miami Beach, FL. 33139

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

TITLE SD
NAME GOLDBERG, EDWIN RABBI
STREET ADDRESS 5500 Granada Blvd.
CITY-ST-ZIP Coral Gables, FL. 33145

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

TITLE TD
NAME ZARREN-ZOHAR, EFRAT RABBI
STREET ADDRESS 4200 Biscayne Blvd.
CITY-ST-ZIP Miami, FL. 33137

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

TITLE EVPD
NAME SCHIFF, SOLOMON RABBI
STREET ADDRESS 4200 Biscayne Blvd.
CITY-ST-ZIP Miami, FL. 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOLOMON SCHIFF

Daytime Phone #

305-576-4000

CR2E037 (9/99)