

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90019 020 ****61.25

DOCUMENT # 703220

1. Entity 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**

50012173



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0205518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHIFF, SOLOMON RABBI
4200 BISCAYNE BLVD.
MIAMI FL 33137**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROBERT A RABBI	
STREET ADDRESS	4144 CHASE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANG, JORY RABBI	
STREET ADDRESS	2225 NE 121 STREET	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AKLEPI, JAIME	
STREET ADDRESS	7375 SW 114 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, LEONID RABBI	
STREET ADDRESS	1701 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABBI JORY LANG	
STREET ADDRESS	2225 NE 121 ST	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABBI JAIME AKLEPI	
STREET ADDRESS	7375 SW 114 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABBI MARIO ROJZMAN	
STREET ADDRESS	20350 NE 26 AVE	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33180	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABBI ALAN E. LITWAK	
STREET ADDRESS	18801 NE 22 AVE	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

305-576-4001