

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708248

1. Entity Name

COMMUNITY COUNCIL FOR JEWISH ELDERLY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90181 017 ****70.00

Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD
MIAMI FL 33137-3210

4200 BISCAYNE BLVD
MIAMI FL 33137-3210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0663539

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

WEISBERG, GAIL
4200 BISCAYNE BLVD
MIAMI FL 33137-3210

Name REIFF, SONDR A S.

Street Address (P.O. Box Number is Not Acceptable)
4200 BISCAYNE BLVD.

City MIAMI, FL Zip Code 33137-3210

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

Sondra S. Reiff

REIFF, SONDR A S. 04/24/00

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 D ☒ Delete
NAME HOLLANDER, PEGGY
STREET ADDRESS 2685 S. BAYSHORE DR.
CITY-ST-ZIP COCONUT GROVE FL

TITLE D ☐ Change ☒ Addition
NAME BAND, MICHAEL
STREET ADDRESS 100 SE 2 STREET, SUITE 2800
CITY-ST-ZIP MIAMI, FL 33131-2144

TITLE TD ☐ Delete
NAME NASSI, IRA
STREET ADDRESS 20850 SAN SIMEON WAY
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ Change ☐ Addition
NAME NASSI, IRA
STREET ADDRESS 3500 MYSTIC POINT DR., APT. 1106
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D ☒ Delete
NAME COOPERMAN, SIDNEY
STREET ADDRESS 9350 W. BAY HARBOR DR.
CITY-ST-ZIP BHI FL

TITLE D ☐ Change ☒ Addition
NAME COHEN, DEREK
STREET ADDRESS 701 BRICKELL AVE., SUITE 1500
CITY-ST-ZIP MIAMI, FL 33131

TITLE PD ☐ Delete
NAME FREIDMAN, ROBERT
STREET ADDRESS 701 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Change ☒ Addition
NAME FISHER, RANDALL C.
STREET ADDRESS 10755 SW 72 STREET
CITY-ST-ZIP MIAMI, FL 33137

TITLE CD ☐ Delete
NAME LEVY HARRY A.
STREET ADDRESS 10800 BISCAYNE BLVD
CITY-ST-ZIP NORTH MIAMI FL

TITLE CD ☒ Change ☐ Addition
NAME LEVY, HARRY A.
STREET ADDRESS 1690 S. CONGRESS AVE., SUITE 220
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE S ☐ Delete
NAME GANZ, ELINOR
STREET ADDRESS 1000 ISLAND BLVD #3203
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D ☐ Change ☒ Addition
NAME ROTH, IRIS
STREET ADDRESS 1 SE 3 AVE., SUITE 1200
CITY-ST-ZIP MIAMI, FL 33131

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:

Sondra S. Reiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 305-576-1660

Date

Daytime Phone #

CR2E037 (9/99)