

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90240 035 ****61.25

DOCUMENT # 718876

1. Entity Name
HILLEL COMMUNITY DAY SCHOOL, INC.



Principal Place of Business
**19000 N.E. 25TH AVE. (N. MIAMI BCH)
OJUS FL 33163**

Mailing Address
**P.O. BOX 630158 OJUS STAT.
OJUS FL 33163**

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 **59-1296635**

Applied For

Not Applicable

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

**LIPSON, ARTHUR E
19000 NE 25TH AVENUE
N. MIAMI BEACH FL 33180**

Name **Austin Frye**
Street Address (P.O. Box Number is Not Acceptable)
19000 NE 25th Ave. N Miami B.Fl 33180
City **North Miami Beach** **FL** Zip Code **33180**

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

4/21/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **LIPSON, ARTHUR E**
STREET ADDRESS **19000 NE 25TH AVE.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **PD** ☒ Change ☐ Addition
NAME **Frye Austin A.**
STREET ADDRESS **19000 NE 25th Ave. N.M.B. Fl 33180**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **KOPEL, PORTUNA**
STREET ADDRESS **19000 NE 25TH AVE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **VD** ☒ Change ☐ Addition
NAME **Fisher Traub Beckie**
STREET ADDRESS **19000 NE 25th Ave.N.M.B. Fl 33180**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WEINSTEIN, STANLEY**
STREET ADDRESS **19000 NE 25TH AVENUE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **TD** ☒ Change ☐ Addition
NAME **Singer Daniel B**
STREET ADDRESS **19000 NE 25th Ave. N.M.B. Fl 33180**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ROK, BRIGITT**
STREET ADDRESS **19000 NE 25TH AVE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **SD** ☒ Change ☐ Addition
NAME **Ziegler Oberlander Frida**
STREET ADDRESS **19000 NE 25th Ave. N.M.B. Fl 33180**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BIEMENFIELD, HOWARD**
STREET ADDRESS **19000 NE 25TH AVE**
CITY-ST-ZIP **N MIAMI BCH FL 33180**

TITLE **VD** ☒ Change ☐ Addition
NAME **Zuckerman Sol**
STREET ADDRESS **19000 NE 25th Ave. N.M.B. Fl. 33180**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **PAPIR, JOANNE**
STREET ADDRESS **19000 NE 25TH AVE**
CITY-ST-ZIP **N MIAMI BCH FL 33180**

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/03 (308)31-2831

CR2E037 (10/02)