

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90458 018 \*\*\*\*61.25

**DOCUMENT # 720613**

1. Entity Name

PAVILION HEBREW STUDY GROUP, INC.



Principal Place of Business

5601 COLLINS AVE  
CU 9  
MIAMI BEACH FL 33140  
US

Mailing Address

5601 COLLINS AVE  
CU 9  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7209629

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

KIVETZ, HARRY  
1151 SW 128TH TERRACE  
APT D 414  
PEMBROOK PINES FL 33027

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

*Harry Kivetz*

3-31-04

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, 2004**

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 VPD  
NAME ROSS, HELENE  
STREET ADDRESS 5750 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE  
NAME ROSS, HELENE ☒ Change ☐ Addition  
STREET ADDRESS 5750 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE PD  
NAME BENJAMIN, ROSEN ROSEN ☒ Delete  
STREET ADDRESS 5600 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE PD  
NAME ROSEN, BENJAMIN ☒ Change ☐ Addition  
STREET ADDRESS 5600 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE S  
NAME KIVETZ, HARRY ☐ Delete  
STREET ADDRESS 1151 SW 128TH TERR.  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME NEDELMAN, JULES ☒ Delete  
STREET ADDRESS 9801 COLLINS AVE.  
CITY-ST-ZIP MIAMI FL 33154

TITLE VPD  
NAME PENER, BERNARD ☐ Change ☒ Addition  
STREET ADDRESS 5701 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FREEMAN, SAMUEL ☐ Change ☒ Addition  
STREET ADDRESS 5701 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Harry Kivetz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

954-443-6289

Date

Telephone