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

Mailing Address

5601 COLLINS AVE

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

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

MIAMI BEACH FL 33140

Suite, Apt. #, etc.

CU 9

DOCUMENT # 720613

5601 COLLINS AVE

MIAMI BEACH FL 33140

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

CU 9

Principal Place of Business

2. Principal Place of Business

PAVILION HEBREW STUDY GROUP, INC.

A SELECT

FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90286 038 ****61.25

	CHECK HERE IF MAKING CHANGES							
4.	4. FEI Number 23-7209629	·		Applied For				
				Not Applicable				
. [5. Certificate of Status Desired		\$8.75 Additional Fee Required					
	7. Name and Address of New Re	egistere	d Agent	***				
								

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

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.

Country

Name

FILE	NOW:	FEE	IS	\$61.25

(NOTE: Registered Agent signature required when reinstating)

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

Make Check Payable to

DATE

Zip Code

	FILE NOW: FEE IS \$61.25	Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees	Make (Florida D	Check Payable Department of S	to State
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHAN	GES TO OFFICERS A	ND DIRECTORS IN	1 10
TITLE	VPD	☐ Delete	TITLE	T		·	☐ Change	Addition
NAME	ROSS, HELENE		NAME				Change	Addition
STREET ADDRESS	5750 COLLINS AVE		STREET ADDRESS	ļ				•
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP					
TITLE	PO	Delete	TITLE	P	0	m zmish d	Change	☐ Addition
NAME	BROWN MAURICE DECEAS	SED !	NAME	120	DAEN	BENTH	A 1 VA CHANGE	Z Addition
-STREET, ADDRESS :			STREET ADDRESS	20	SO COLL	INS AV	F	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	7	D DSEN OOLGOLL MIAMI	BEACH	F133	3140
TITLE	KIVETZ, HARRY 5600 COLLINS AVE. MIAMINEEACH FL 33140 ADDR	☐ Delete	TITLE	5			Change	Addition
NAME	KIVETZ, HARRY CHANGE	k i	NAME	ļ	: Harry I	Civetz	€2J Origingo	
STREET ADDRESS	5600 COLLINS AVE.	15g · 1	STREET ADDRESS	i	1151 SW 1	28th Ter		į
CITY-ST-ZIP	MIAMIN BEACH FL 33140	^ ~	CITY-ST-ZIP		Pembroke Pine	•		
TITLE	<u> T</u>	☐ Delete	TITLE				Change	Addition
NAME	NEDELMAN, JULES		NAME	.,	98011	aplina	are_	
STREET ADDRESS	5600 COELINS AVE. Fy	loved	STREET ADDRESS		01011	A 40 44 A	Y-()	j
CITY-ST-ZIP	MIAMI-BEACH FL 33140		CITY-ST-ZIP		9801 (Bal H.	ARBOUR	F F A 33	1154
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME				g-	
STREET ADDRESS			STREET ADDRESS					- 1
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	-	☐ Delete	TITLE	-			Change	Addition
NAME			NAME				Onunge	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		J	CITY+ST-ZIP					

12. Thereby 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