

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724335

1. Entity Name

JEWISH CULTURAL CENTER, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90318 017 \*\*\*\*61.25

Principal Place of Business

~~480 LINCOLN ROAD~~  
~~SUITE 329~~  
~~MIAMI BEACH FL 33139~~  
~~US~~

Box #  
770037  
Coral Springs  
FL 33077

Mailing Address

~~420 LINCOLN ROAD~~  
~~329~~  
~~MIAMI BEACH FL 33077-0037~~  
~~US~~

NO  
OFFICE

2. Principal Place of Business

NONE (closed)

3. Mailing Address

Box 770037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

33077

Zip

Country

Zip

Country

4. FEI Number

59-0656704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, ISIDORE  
3 ISLAND AVE. 5J  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Henrietta Friedman

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

3 ISLAND AVE 5J  
MB FL 33139

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.

Treas. Henrietta Friedman Henrietta Friedman 1/10/00  
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

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

TITLE PD  
NAME SHLAFROCK, MAX  
STREET ADDRESS 5100 N3 2ND AVE  
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE VPSD  
NAME COLLINS, BARBARA  
STREET ADDRESS 7845 CAMINO D 0412  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE D  
NAME MAGLI, VITO  
STREET ADDRESS 10375 NW 42ND DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE TD  
NAME FRIEDMAN, HENRIETTA  
STREET ADDRESS 3 ISLAND AVE. #5J  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE DBD  
NAME FRIEDMAN, ISIDORE,  
STREET ADDRESS 3 ISLAND AVE  
CITY-ST-ZIP 5J MB 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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: Henrietta Friedman Henrietta Friedman Treas. 1/10/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E017 (3/99)