

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

0037169

DOCUMENT # 724335

1. Entity Name

JEWISH CULTURAL CENTER, INC.

02-26-2001 90511 004 ****61.25

Principal Place of Business

BOX # 770037
 CORAL SPRINGS FL 33077
 US

Mailing Address

BOX # 770037
 329
 CORAL SPRINGS FL 33077
 US

C0024397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Box 770037

3. Mailing Address

Box 770037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

FL

4. FEI Number

59-0656704

Applied For

Not Applicable

Zip

33077

Country

U.S.A.

Zip

33077

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Henrietta Friedman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/01 305-531-6104

CR2E037 (10/00)