

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

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

01-23-2003 90133 020 ****61.25

DOCUMENT # 726171

1. Entity Name
YOUNG ISRAEL OF GREATER MIAMI, INC.



Principal Place of Business
**990 N.E. 171ST STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address
**990 N.E. 171ST STREET
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-6033985** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOTTLIEB, M.
930 N.E 177TH STREET
NORTH MIAMI BEACH FL 33162**

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 *[Signature]* DATE **1/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	KOPELMAN, JEFFREY	
STREET ADDRESS	840 N.E. 171 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIRSHFELD, DAVID	
STREET ADDRESS	17330 NE 10TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33163	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIELD, ERNEST	
STREET ADDRESS	17335 N.E. 12TH AVE.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, JEFFREY	
STREET ADDRESS	17111 NE 11 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SIEV, ETHAN DR.	
STREET ADDRESS	17101 NE 11TH CT	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STEINER, JOSH	
STREET ADDRESS	17435 NE 12TH AVE	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **1/22/03 (305) 681-3591**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)