

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727966

1. Entity Name

SOUTH FLORIDA CONFERENCE ON SOVIET JEWRY, INC.

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90137 004 ****61.25

Principal Place of Business

Mailing Address

10691 N KENDALL DR
#309
MIAMI FL 33176
US

10691 N. KENDALL DR.
309
MIAMI FL 33176-1551
US

00015997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1610349

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CANTOR, HINDA
8640 S.W. 94TH ST.
MIAMI FL 33156

Name CANTOR, SANDRA

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

11220 SW 71 Ave.

City Miami

FL

Zip Code 33156

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

Sandra E. Cantor

SANDRA E. CANTOR 1/31/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BROWN, JUDITH
7925 SW 135 ST.
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CANTOR, HINDA
8640 S.W. 94TH ST.
MIAMI, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CANTOR, SANDRA
11220 S.W. 71 AVE.
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DRUCKER, RUTH
977 NW 92 TERR
PLANTATION FL 33324 ☐ Delete

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

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

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:

Judith G. Brown
JUDITH G. BROWN

Treasurer
1/31/00 305-279-14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #