

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90124 014 \*\*\*\*61.25

**DOCUMENT # 728040**

1. Entity Name

**ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.**

Principal Place of Business

Mailing Address

~~3145 N.W. 38TH STREET~~  
~~MIAMI FL 33142~~  
~~US~~

~~3145 N.W. 38TH STREET~~  
~~MIAMI FL 33142~~  
~~US~~

B0031637



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2601 S. Bayshore Drive**  
Suite, Apt. #, etc.  
**19th Floor**

**2601 S. Bayshore Drive**  
Suite, Apt. #, etc.  
**19th Floor**

City & State

City & State

**Coconut Grove FL**

**Coconut Grove FL**

Zip

Country

Zip

Country

**33133**

**MIAMI-DADE**

**33133**

**MIAMI-DADE**

4. FEI Number

**59-0817798**

Applied For

Not Applicable

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

**BOCHNER, SIDNEY**  
**3145 N.W. 38TH STREET**  
**MIAMI FL 33142**

Name **Jeffrey Zirulnick**

Street Address (P.O. Box Number is Not Acceptable)  
**2601 S. BAYSHORE DRIVE**

**19th Floor**

City **Coconut Grove**

**FL**

Zip Code **33133**

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

**Jeffrey M. Zirulnick, Trustee**

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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOCHNER, SIDNEY</b>	
STREET ADDRESS	<b>3145 N.W. 38TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEEDS, ANDREW</b>	
STREET ADDRESS	<b>5891 S.W. 85TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YOH, PATRICK</b>	
STREET ADDRESS	<b>437 SANTENDER #D</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Trustee</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS B. FREEMAN</b>	
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE 19th Floor</b>	
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFFREY M. ZIRULNICK</b>	
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE 19th Floor</b>	
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	
TITLE	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIAN KUSHNER</b>	
STREET ADDRESS	<b>7430 NW 4th ST #306</b>	
CITY-ST-ZIP	<b>Plantation, FL 33317</b>	
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		
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 **Jeffrey Zirulnick** 2-6-02 305 443-6622

CR2E037 (9/01)