

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728349

FILED

00 MAR 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

YOUNG ISRAEL OF HOLLYWOOD-FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

3291 STIRLING ROAD
FT LAUDERDALE FL 33312

3291 STIRLING ROAD
FT LAUDERDALE FL 33312-6341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1665301

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

ASCHHEIM, ROBERT
2999 NE 191ST ST
PENTHOUSE #6
N MIAMI BCH FL 33180

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

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
|---|---|
| <p>TITLE: VD NAME: SEGAL, REBECCA STREET ADDRESS: 3291 STIRLING RD CITY-ST-ZIP: FT. LAUDERDALE FL</p> <p><input checked="" type="checkbox"/> Delete</p> | <p>TITLE: VP NAME: Dr. David Kambllyth - D STREET ADDRESS: 3291 Stirling Rd CITY-ST-ZIP: Ft. Lauderdale, FL 33312</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> |
| <p>TITLE: TD NAME: SCHLINSKY, JOSHUA STREET ADDRESS: 3291 STIRLING RD CITY-ST-ZIP: FT. LAUDERDALE FL</p> <p><input type="checkbox"/> Delete</p> | <p>TITLE: VP NAME: Schlinsky, Joshua - D STREET ADDRESS: 3291 Stirling Road CITY-ST-ZIP: Ft. Lauderdale, FL 33312</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p>TITLE: VD NAME: BARATZ, PHILIP STREET ADDRESS: C/O 3291 STIRLING RD CITY-ST-ZIP: FT. LAUDERDALE FL</p> <p><input type="checkbox"/> Delete</p> | <p>TITLE: President NAME: Baratz, Philip - D STREET ADDRESS: 3291 Stirling Rd CITY-ST-ZIP: Ft. Lauderdale, FL 33312</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p>TITLE: PD NAME: BIENENFELD HOWARD STREET ADDRESS: % 3291 STIRLING RD. CITY-ST-ZIP: FT. LAUDERDALE FL</p> <p><input checked="" type="checkbox"/> Delete</p> | <p>TITLE: Secretary NAME: Stephen Clements - D STREET ADDRESS: 3291 Stirling Rd CITY-ST-ZIP: Ft. Lauderdale, FL 33312</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> |
| <p>TITLE: SD NAME: DANIS, STEPHEN STREET ADDRESS: C/O 3291 STIRLING RD CITY-ST-ZIP: FT LAUDERDALE FL 33312</p> <p><input type="checkbox"/> Delete</p> | <p>TITLE: Treasurer NAME: Danis, Stephen - D STREET ADDRESS: 3291 Stirling Rd CITY-ST-ZIP: Ft. Lauderdale, FL 33312</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: </p> <p><input type="checkbox"/> Delete</p> | <p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: </p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p style="text-align: right;">KE</p> |

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 REQUIRED

2-8-00

954-966-7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)