

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734016

1. Entity Name

DAVID BEN GURION CULTURE CLUB SURVIVORS OF THE H

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90088 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% ROSE ROTNENCH  
231 - 174TH ST., APT. 1201  
MIAMI FL 33160-3318

231 174TH ST.  
APT. 1201  
MIAMI BEACH FL 33160-3318  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o JACK SMALL  
Suite, Apt. #, etc.  
100 GOLDEN ISLES DR #1107

c/o JACK SMALL  
Suite, Apt. #, etc.  
100 GOLDEN ISLES DR #1107

City & State  
HALLANDALE, FL

City & State  
HALLANDALE, FL

4. FEI Number  
59-1636607

Applied For  
Not Applicable

Zip  
33009

Country  
BRUNAND

Zip  
33009

Country  
BRUNAND

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

ROTMENCH, ROSE  
231-174TH ST  
SUITE 1201  
MIAMI BCH FL

Name  
JACK SMALL  
Street Address (P.O. Box Number is Not Acceptable)  
100 GOLDEN ISLES, DR. #1107  
City  
HALLANDALE FL Zip Code  
33009

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 *JACK SMALL*

*APRIL 11-2000*

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  
PD  
ROTMENCH, ROSE  
231 174TH ST. #1201  
MIAMI BCH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WILSON, SAM  
230-174TH ST. APT 1118  
MIAMI BCH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SMALL, JACK  
100 GOLDEN ISLES DRIVE #1107  
MIAMI BEACH FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT, DR  
JACK, SMALL  
100 Golden Isles Dr #1107  
MIAMI BEACH, FL 33009 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
WEIN, MAX  
301-174TH STREET #1512  
MIAMI BEACH FL 33160 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BLATSTEIN, JOSEPH  
2049 S. OCEAN DRIVE, #602  
HALLANDALE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: *JACK SMALL* REQUIRED

*APRIL 11-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)