

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90285 005 ****61.25

DOCUMENT # 734392

1. Entity Name

SUNRISE JEWISH CENTER, INC.

Principal Place of Business

4099 PINE ISLAND ROAD
SUNRISE FL 33351-2314

Mailing Address

4099 PINE ISLAND ROAD
SUNRISE FL 33351-2314

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

59-1619338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LIPNACK
6827 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

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

TITLE NAME PD
STREET ADDRESS BROMBERG, DONALD
CITY-ST-ZIP 10421 NW 31 COURT
SUNRISE FL 33351 ☐ Delete

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

TITLE NAME VD
STREET ADDRESS ALTNER, PEARL
CITY-ST-ZIP 2751 PINE ISL RD
SUNRISE FL 33322 ☐ Delete

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

TITLE NAME T
STREET ADDRESS WEISS, JULIUS
CITY-ST-ZIP 8135 SUNRISE LAKES BLVD
SUNRISE, FL 00000 ☐ Delete

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

TITLE NAME FS
STREET ADDRESS WINDERMANN, MURRAY
CITY-ST-ZIP 9041 NW 10TH COURT
PLANTATION FL 33322 ☐ Delete

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

TITLE NAME D
STREET ADDRESS MANDEL, SYDNEY
CITY-ST-ZIP 9350 SUNRISE LAKE BLVD.
SUNRISE FL ☐ Delete

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

TITLE NAME D
STREET ADDRESS NIEPORENT, MAX
CITY-ST-ZIP 9580 SUNRISE LAKES BLVD
SUNRISE FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)