

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

04-30-2001 90361 006 ****61.25

DOCUMENT # 736780

1. Entity Name

ASSOCIATION FOR JEWISH SPECIAL EDUCATION, INC.



Principal Place of Business

8901 SW 21ST TERRACE
 MIAMI FL 33165
 US

Mailing Address

8901 SW 21ST TERRACE
 MIAMI FL 33165
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1690944

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

MILLS-PALEY, BENE' E'
 8901 SW 21ST TERRACE
 MIAMI FL 33165

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	VP	<input checked="" type="checkbox"/> Delete
NAME	BEJAR, LINDA	
STREET ADDRESS	8020 NOREMAC AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLS-PALEY, BENE' E'	
STREET ADDRESS	8901 SW 21ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELAINÉ, GELFORD	
STREET ADDRESS	1085 NE 144 ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOSES, JOYCE	
STREET ADDRESS	9970 SW 40 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEGRAFF, MARLA	
STREET ADDRESS	9411 FOUNTAINBLEAU BLVD #212	
CITY-ST-ZIP	MIAMI BCH. FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHILLINGER, MARJORIE	
STREET ADDRESS	1225 NE 93RD ST	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	D-VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Sootin	
STREET ADDRESS	8901 SW 21 Ter	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Marcus	
STREET ADDRESS	12800 NE 12 Ave	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Bass	
STREET ADDRESS	735 NE 125 St. N. Miami, FL 33161	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlotte Klieman	
STREET ADDRESS	9921 Sw 99 St	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Daniel Weihnacht	
STREET ADDRESS	241 NW 91 St.	
CITY-ST-ZIP	Miami Shores, FL 33150	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Paley	
STREET ADDRESS	1300 St. Charlies Place #401	
CITY-ST-ZIP	Pembroke Pines, FL 33026	

CR2E037 (10/00)

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:

Charlotte Klieman

4/15/01

305-274-3172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #