

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90048 036 \*\*\*\*70.00

**DOCUMENT # 737250**

1. Entity Name

**JEWISH FEDERATION HOUSING, INC.**



Principal Place of Business

**757 WEST AVENUE  
MIAMI BEACH FL 33139  
US**

Mailing Address

**757 WEST AVENUE  
MIAMI BEACH FL 33139  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SOLOMON JACOB  
4200 BISCAYNE BLVD  
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete  
NAME **FLEEMAN, DAVID B.**  
STREET ADDRESS **321 W. DILIDO DR.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VD** ☐ Delete  
NAME **KRAVITZ, STEVEN J.**  
STREET ADDRESS **18735 NE 21ST AVE**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **TD** ☐ Delete  
NAME **SOLOMON, JACOB**  
STREET ADDRESS **4200 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL**

TITLE **MS** ☐ Delete  
NAME **YUDEWITZ, BRUCE**  
STREET ADDRESS **4200 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete  
NAME **GOODMAN, MARTIN B**  
STREET ADDRESS **16110 W PRESTWICK PLACE**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bruce Yudewitz**

Date

**2/12/04**

Daytime Phone #

**305 531 2388**