

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90197 021 ****61.25

DOCUMENT # 744454

1. Entity Name

TORAS EMES ACADEMY OF MIAMI, INC.

Principal Place of Business

Mailing Address

1051 N MIAMI BEACH BLVD
 N MIAMI BEACH FL 33162
 US

7141 INDIAN CREEK DR
 MIAMI BEACH FL 33141-3030
 US

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

59-1870702

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUNBLATT, KEEVA
17610 NE 8TH ST
MIAMI FL 33182

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	P	<input type="checkbox"/> Delete
NAME	JACOB, ALLAN	
STREET ADDRESS	4345 N MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOPELMAN, JEFFREY	
STREET ADDRESS	840 NE 171 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SELIGMAN, SHARON	
STREET ADDRESS	3900 N. 45TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLER, ROBERT	
STREET ADDRESS	4525 N. JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, WILLIAM	
STREET ADDRESS	4577 N.MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	LEHRFIELD, MOSHE	
STREET ADDRESS	1310 N.E. 173RD ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moshe Lehrfeld

Date

4/20/00

Daytime Phone #

CR2E037 (9/99)