2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 2001 8:00 am Secretary of State **DOCUMENT # 744454** TORAS EMES ACADEMY OF MIAMI, INC. 05-05-2001 90818 048 ****61.25 Principal Place of Business Mailing Address 1051 N MIAMI BEACH BLVD 7141 INDIAN CREEK DR N MIAMI BEACH FL 33162 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1870702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRUNBLATT, KEEVA 17610 NE 8TH ST MIAMI FL 33182 Zip Code 33141 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition Mar Sacob: NAME JACOB, ALLAN NAME 536 W STREET ADDRESS STREET ADDRESS 4345 N MERIDIAN AVE CITY-ST-ZIP MIAMI BCH FL CITY-ST-7IP Miami TITLE Delete TITLE NAME KOPELMAN, JEFFREY NAME STREET ADDRESS STREET ADDRESS 840 NE 171 ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL S ☐ Delete TITLE Change Addition NAME SELIGMAN, SHARON NAME STREET ADDRESS STREET ADDRESS 3900 N. 45TH AVE. CITY-ST-ZIE CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE Change Addition NAME HELLER, ROBERT NAME STREET ADDRESS 4525 N. JEFFERSON AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL TITLE Ð ☐ Delete TITLE Change ☐ Addition NAME GORDON, WILLIAM NAME STREET ADDRESS 4577 N.MERIDIAN AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BCH. FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LEHRFIELD, MOSHE NAME STREET ADDRESS 1310 N.E. 173RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 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.