

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90142 004 \*\*\*\*61.25

0025680

**DOCUMENT # 744454**

1. Entity Name  
**TORAS EMES ACADEMY OF MIAMI, INC.**



Principal Place of Business  
**1051 N MIAMI BEACH BLVD  
N MIAMI BEACH FL 33162  
US**

Mailing Address  
**7141 INDIAN CREEK DR  
MIAMI BEACH FL 33141  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip




CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**NIMAN, RABBI YISROEL  
C/O 7141 INDIAN CREEK DRIVE  
MIAMI BEACH FL 33141**

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**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JACOB, ALLAN</b>	
STREET ADDRESS	<b>538 W 47 STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KOPELMAN, JEFFREY</b>	
STREET ADDRESS	<b>840 NE 171 ST</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SELIGMAN, SHARON</b>	
STREET ADDRESS	<b>3900 N. 45TH AVE.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HELLER, ROBERT</b>	
STREET ADDRESS	<b>4525 N. JEFFERSON AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, WILLIAM</b>	
STREET ADDRESS	<b>4577 N.MERIDIAN AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Delete
NAME	<b>LEHRFIELD, MOSHE</b>	
STREET ADDRESS	<b>1310 N.E. 173RD ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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**  4/2/03 305-944-5344

CR2E037 (10/02)