

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90054 030 \*\*\*\*61.25

**DOCUMENT # 746503**

1. Entity Name

**THE SEPHARDIC SOCIAL CLUB OF FLORIDA**

Principal Place of Business

Mailing Address

C/O JUDITH DELAFUENTE  
 21785 CYPRESS DR  
 BOCA RATON FL 33433

C/O JUDITH DELAFUENTE  
 21785 CYPRESS DR  
 BOCA RATON FL 33433-3246

**913171**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2734111**

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

**KOHAN, ANDREW J., ESQ.**  
**2034 E. OAKLAND PARK BLVD.**  
**FT. LAUDERDALE FL 33306**

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** ☐ Delete  
 NAME **ANGEL, HENRY**  
 STREET ADDRESS **2617 CARAMBOLA CIRCLE N.**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **ANGEL HENRY**  
 STREET ADDRESS **8991 N.W. 12th ST**  
 CITY-ST-ZIP **PLANTATION FLA 33322**

TITLE **D** ☐ Delete  
 NAME **PENSO, LEON**  
 STREET ADDRESS **6406 PINEHURST CIRCLE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **HALJO, HANK**  
 STREET ADDRESS **7906 A. LEXINGTON CLUB BLVD.**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **DELAUENTE, JUDITH**  
 STREET ADDRESS **21785 CYPRESS DR**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GORMEZANO, SAMUEL**  
 STREET ADDRESS **5609 COCO PALM DR.**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CRESPIN, JACK**  
 STREET ADDRESS **829 CAMINO RD.**  
 CITY-ST-ZIP **DELRAY BCH. FL**

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:

*Judith Delafuente*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/2000 561-482-05*  
 Date Daytime Phone #