

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90039 002 \*\*\*\*61.25

**DOCUMENT # 747418**  
 1. Entity Name  
**MIKVAS BLIMA OF NORTH DADE, INC.**

Principal Place of Business 1054 NE MIAMI GDNS DR. (185 ST.) NORTH MIAMI BEACH FL 33179	Mailing Address 1054 NE MIAMI GDNS DR. (185 ST.) NORTH MIAMI BEACH FL 33179
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1957632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZEMEL, MORTON B**  
**SUITE 111, 18666 NE 19 AVENUE**  
**NORTH MIAMI BEACH FL FL**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME DP BISTRITZ, NACHAMA 1200 NE 173RD ST. N MIAMI BCH, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME DVP AROLL SHOAHANA 610 NW 173RD TERR N. MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME DT WEITZ, DEBRA 17621 NE 7 PLACE N MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President Barbara Goodman 17515 NE 7 Ave VMB FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President Marcy Bernstein 1340 NE 173rd N Miami Beach FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President Jennifer Leh-fied 1310 NE 173st VMB FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: OLGA AROB&EQUIRET Date: 2/11/01 Daytime Phone #: 3056541238

CR2E037 (10/00)