


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04202005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1957632	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZEMEL, MORTON B SUITE 111, 16666 NE 19 AVENUE NORTH MIAMI BEACH, FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BARBARA	NAME	
STREET ADDRESS	17515 NE 7 AVE	STREET ADDRESS	U00000328757
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	04/25/05-80088-017 61.25
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MARCY	NAME	
STREET ADDRESS	1340 NE 172 ST.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHRFIELD, JENNIFER	NAME	
STREET ADDRESS	1310 NE 173 ST.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTLESON, FRAN	NAME	
STREET ADDRESS	1330 NE 172 ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Marcy Bernstein</u>		Date: <u>4/21/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>305-652-4819</u>	