

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 035 ****61.25

DOCUMENT # 747418

1. Entity Name
MIKVEH JOVITA COJAB, 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

40046030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1957632

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

GITTLESON, SHELDON
1100 NE 163 ST.
#401
NORTH MIAMI BEACH, FL 33162

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

Filing Fee is \$61.25
Due by May 1, 2007

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 DP ☐ Delete
NAME GOODMAN, BARBARA
STREET ADDRESS 17515 NE 7 AVE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE DP ☐ Delete
NAME BERNSTEIN, MARCY
STREET ADDRESS 1340 NE 172 ST.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE DP ☐ Delete
NAME LEHRFIELD, JENNIFER
STREET ADDRESS 1310 NE 173 ST.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE DT ☒ Delete
NAME GITTLESON, FRAN
STREET ADDRESS 1330 NE 172 ST
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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: *Barbara Goodman* Barbara Goodman

3/21/07 305-651-5189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #