

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1957632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000956233
07/24/08-80004-012 61.25

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Marcy Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08
Date

Daytime Phone #