

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90033 026 ****61.25

DOCUMENT # 751702

1. Entity Name

HIALEAH-MIAMI SPRINGS JEWISH COMMUNITY CENTER, I NC.

Principal Place of Business

Mailing Address

6175 NW 153ST
 STE 226
 MIAMI LAKES FL 33014
 US

6175 NW 153ST.
 SUITE 226
 MIAMI LAKES FL 33014
 US

00018670



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

59-6018713

Applied For

Not Applicable

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

BUCKLAND, SHEILA
17835 NW 63RD CT
HIALEAH FL 33015

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 Delete
 NAME **D**
STACK, BRIAN
 STREET ADDRESS **8548 GLENCAIRN LANE**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE Change Addition
 NAME **DIRECTOR**
VICKI KRAM
 STREET ADDRESS **8354 DUNDON TERR.**
 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE Delete
 NAME **VPD**
ELLIS, NATHAN
 STREET ADDRESS **1300 W. 82ND STREET**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **FSD**
VITIELLO, DELLANNE
 STREET ADDRESS **14631 BALGOWAN RD 206**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
BERSON, LOUIS
 STREET ADDRESS **1140 N.W. 93 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33074**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
BUCKLAND, SHEILA
 STREET ADDRESS **17835 NW 63RD CT**
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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 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: _____

SHEILA G. BUCKLAND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEILA G. BUCKLAND 1/18/02
 Date Daytime Phone #

CR2E037 (9/01)