

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM****Secretary of State****DOCUMENT # 753043**1. Entity Name
HAVURAH OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7800 RED ROAD	9315 S.W. 61 COURT
SUITE #231	
SOUTH MIAMI	MIAMI
33143	33156
US	FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-2011883Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**CHEFITZ, MITCHELL
9315 S.W. 61 COURTMIAMI FL
33156

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 **01/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Change	Addition
D	CHEFITZ, MITCHELL	9315 SW 61 COURT	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
P	FREUNDLICH DAVID	10464 SW 128 TERR	MIAMI	FL 33176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JAFFE, LARRY	12660 SW 69 COURT	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
D	PRICE, ROBERT	9105 SW 65 ST.	MIAMI	FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	AKWID LYNN	7511 RED RD APT #4	MIAMI	FL 33143	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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: Dorothy Sklaroff P 01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)