

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90453 030 \*\*\*\*70.00

**DOCUMENT # 753043**

1. Entity Name

**HAVURAH OF SOUTH FLORIDA, INC.**

Principal Place of Business

**7800 RED ROAD  
 SUITE #215 E  
 SOUTH MIAMI FL 33143  
 US**

Mailing Address

**6880 S.W. 89 TERR  
 MIAMI FL 33156**

2. Principal Place of Business

**7900 RED ROAD**

3. Mailing Address

**6880 S.W. 89 TERR**

Suite, Apt. #, etc.

**215 E**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33143**

Country

**U.S.A.**

Zip

**33156**

Country

**U.S.A.**

4. FEI Number

**59-2011883**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**IVY HAREL  
 6880 S.W. 89 TERR  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

**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 **IVY HAREL**

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

TITLE **T** ☐ Delete  
 NAME **AKULIN, LYNN**  
 STREET ADDRESS **7511 RED RD APT #4**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **P** ☐ Delete  
 NAME **SKLAROFF, DOROTHY**  
 STREET ADDRESS **2380 NE 195 ST**  
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ Delete  
 NAME **JAFFE, LARRY**  
 STREET ADDRESS **12660 SW 69 COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
 NAME **FREUNDLICH, DAVID**  
 STREET ADDRESS **10464 SW 128 TERR**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete  
 NAME **SHARON KESSLER**  
 STREET ADDRESS **8145 S.W. 128 ST**  
 CITY-ST-ZIP **MIAMI FL 33156**

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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TITLE ☐ Change ☐ Addition  
 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: **SHARON KESSLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02**

**305-2336203**

CR2E037 (9/01)