


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 753043 1. Entity Name HAVURAH OF SOUTH FLORIDA, INC.	
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Principal Place of Business 7800 RED ROAD 215 E SOUTH MIAMI, FL 33143 US	Mailing Address 5059 SW 71 PL MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

LEVY, PHYLLIS
5059 SW 71 PL
MIAMI, FL 33155

**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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVY, PHYLLIS 5059 SW 71 PL MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAPLOWITZ, ELLEN 10380 SW 93 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JAFKE, LARRY 12660 SW 69 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAT-AMI, MAYA 1500 S OCEAN BLVD 4A HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/02/05-80059-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

305-665-8585

Daytime Phone #