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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764662

1. Corporation Name

YAD V'KIDUSH HASHEM - HOUSE OF MARTYRS, INC.

Principal Place of Business

**4200 SHERIDAN AVE.
% CORTEZ
MIAMI BEACH FL 33140**

Mailing Address

**P.O. BOX 040032
% CORTEZ
BROOKLYN NY 11204-0002
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified

08/23/1982

4. FEI Number

65-0337481

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RUBIN, HYMAN (C/O CORTEZ)
4200 SHERIDAN AVENUE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name **RUBIN, Hyman**

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

4200 Sheridan Ave

83

Miami Beach

84 City

FL

85 Zip Code

33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **RUBIN, RABBI MENACHEM**
STREET ADDRESS **4200 SHERIDAN AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SD** ☐ DELETE
NAME **RUBIN, HYMAN**
STREET ADDRESS **4200 SHERIDAN AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VD** ☐ DELETE
NAME **HOROWITZ, HANA**
STREET ADDRESS **1454 COEAN PARKWAY**
CITY-ST-ZIP **BROOKLYN NY 11230**

TITLE **VD** ☐ DELETE
NAME **MEISELS, MOSES**
STREET ADDRESS **1454 OCEAN PARKWAY**
CITY-ST-ZIP **BROOKLYN NY**

TITLE **CM** ☒ DELETE
NAME **RABINOWITZ, HESSE**
STREET ADDRESS **1405 59TH STREET**
CITY-ST-ZIP **BROOKLYN NY 11219**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHAIRMAN** ☐ Change ☒ Addition
1.2 NAME **ROTTENBERG, MALKA**
1.3 STREET ADDRESS **4701 15th Ave #1B**
1.4 CITY-ST-ZIP **BROOKLYN, NY 11219**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hyman Rubin* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

(718) 234-0359

Date Daytime Phone #

CR2E037 (1/198)