

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

DOCUMENT # 764662

1. Entity 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
~~AL GORRIZ~~
BROOKLYN NY 11204-0002
US**

Principal Place of Business

3. Mailing Address

P.O. Box 04-0032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooklyn NY

4. FEI Number **65-0337481**

Applied For
Not Applicable

Zip

Country

Zip

Country

11204

US

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

Name

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

City

FL

Zip Code

**RUBIN, HYMAN
4200 SHERIDAN AVENUE
MIAMI BEACH FL 33140**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUBIN, RABBI MENACHEM ① 4200 SHERIDAN AVENUE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, HYMAN ② 4200 SHERIDAN AVENUE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOROWITZ, HANA 1454 COEAN PARKWAY BROOKLYN NY 11230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEISELS, MOSES 1454 OCEAN PARKWAY BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM ③ ROTTENBERG, MALKA 4701 15TH AVE #1B BROOKLYN NY 11219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Molise Engel 953 53rd St. Brooklyn, NY 11219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY/Director Hyman Rubin 4200 Sheridan Ave Miami Bch, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rabbi Menachem Rubin 4200 Sheridan Ave Miami Bch, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03

Date

Daytime Phone #

CR2E037 (10/02)