

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90337 039 ****61.25

DOCUMENT # 767779

1. Entity Name

ORTHODOX RABBINICAL COUNCIL OF SOUTH FLORIDA, IN C.

Principal Place of Business

Mailing Address

~~C/O RABBI A. GRONER
 1870 NE 187TH ST
 N MIAMI BCH FL 33179
 US~~

~~C/O RABBI A. GRONER
 1870 NE 187TH ST
 N MIAMI BCH FL 33179
 US~~

00011212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

90 Rabbi Yisroel Janowski
 Suite, Apt. #, etc.
3791 Royal Palm Ave

← same
 Suite, Apt. #, etc.

City & State
MIAMI BEACH

City & State

4. FEI Number **59-2274583**

Applied For
 Not Applicable

Zip *33140* Country *FL*

Zip Country

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

~~GRONER, ABRAHAM RABBI
 1870 NE 187TH ST
 N MIAMI BCH FL 33179~~

Name *Rabbi Yisroel Janowski*
 Street Address (P.O. Box Number is Not Acceptable)
3791 Royal Palm Ave
 #
 City *MIAMI BEACH* FL Zip Code *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.

SIGNATURE *Yisroel M. Janowski* *4/20/02*
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEBERMAN, RABBI P.	
STREET ADDRESS	5944 PINETREE DR.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPRUNG, RABBI Y	
STREET ADDRESS	810 NE 172ND TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRONER, RABBI ABRAHAM	
STREET ADDRESS	1870 NE 187TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEHRFIELD, RABBI D.	
STREET ADDRESS	1345 N.E. 171ST STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENBAUM, RABBI Z	
STREET ADDRESS	3700 SHERIDAN AVE.	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENSINGER, RABBI Y.	
STREET ADDRESS	1060 N.E. 177TH TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Rabbi Yisroel Janowski</i>	
STREET ADDRESS	<i>3791 Royal Palm Ave</i>	
CITY-ST-ZIP	<i>MIAMI BEACH FL 33140</i>	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Rabbi Donald Bixon</i>	
STREET ADDRESS	<i>3490 Royal Palm Ave</i>	
CITY-ST-ZIP	<i>MIAMI BEACH FL 33140</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Yisroel M. Janowski* **REQUIRED** *4/24/02 305 531 5196*

CR2E037 (9/01)