

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835061

1. Entity Name

THE AMERICAN-ISRAELI LIGHTHOUSE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90232 020 ****70.00

Principal Place of Business

545 MADISON AVE
SUITE 600
NEW YORK NY 10022-8008
US

Mailing Address

545 MADISON AVE
SUITE 600
NEW YORK NY 10001-4509
US

2. Principal Place of Business
276 Fifth Avenue

3. Mailing Address
276 Fifth Avenue

Suite, Apt. #, etc.
Suite 713

Suite, Apt. #, etc.
Suite 713

City & State
New York, NY

City & State
New York, NY

4. FEI Number
13-1800767

Applied For
Not Applicable

Zip
10001

Country
USA

Zip
10001

Country
USA

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

SIEGEL, ETHEL
410 GOLDEN ISLE DR
HALLANDALE FL 33009

Name

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

City

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEEDS, GLORIA
PO BOX 394 N/A
SWAN LAKE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VINCOUR, SOPHIA
538 A BERBERIS PLAZA
CRANBURY NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DANK, ENID
8701 SHORE ROAD
BROOKLYN, NY. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VINOCUR, SOPHIE
538A BERBERIS PLAZA
CRANBURY NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Enid Dank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

212-686-7110

Date

Daytime Phone #

CR2E037 (9/99)