

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 835061****1. Entity Name**
THE AMERICAN-ISRAELI LIGHTHOUSE, INC.**Principal Place of Business**
276 FIFTH AVE
SUITE 713
NEW YORK NY 10001
US**Mailing Address**
276 FIFTH AVE
SUITE 713
NEW YORK NY 10001
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
13-1800767
Applied For
Not Applicable**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** **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete	NAME	VINOCUR, SOPHIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	538A BERBERIS PLAZA	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	NAME	DANK, ENID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	8701 SHORE ROAD	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN, NY.	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	NAME	VINCOUR SOPHIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	538 A BERBERIS PLAZA	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	NAME	LEEDS GLORIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	PO BOX 394 N/A	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	SWAN LAKE NY	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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)(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:** **ENID DANK** **Pres** **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)