

FILE NOW: FILING FEE IS \$61.25

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Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001921 (3)**

1. Corporation Name

**THE DORA TEITELBOIM FOUNDATION, INC.**



Principal Place of Business <b>PO BOX 528 WEST HEMPSTEAD NY 11552</b>	Mailing Address <b>PO BOX 528 WEST HEMPSTEAD NY 11552-0528</b>
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3. Date Incorporated or Qualified <b>04/15/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 c/o Law Office of Robert I. Skoy</b>	2a. Mailing Address <b>26 c/o Law Office of Robert I. Skoy</b>	4. FEI Number <b>11-3121931</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc. <b>328 Bedell Street</b>	27 Suite, Apt. #, etc. <b>328 Bedell Street</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>Freeport, NY</b>	28 City & State <b>Freeport, NY</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>11520</b>	25 Country <b>USA</b>	29 Zip <b>11520</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**WEINTRAUB, DAVID  
% FLORIDA JUSTICE INSTITUTE  
200 SOUTH BISCAYNE BLVD SUITE 2870  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINTRAUB, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>200 SOUTH BISCAYNE BLVD SUITE 2870</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VVC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINTRAUB, LEONORA</b>	2.2 NAME	
STREET ADDRESS	<b>1038 LINDEN STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALLEY STREAM NY 11580</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINTRAUB, BERNARD</b>	3.2 NAME	
STREET ADDRESS	<b>1038 LINDEN STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALLEY STREAM NY 11580</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 registered agent 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **0075147**

CR2E037 (9/96)