## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## K46192 DOCUMENT #

1. Entity Name

Principal Place of Business

TALMUDIC COLLEGE OF FLORIDA STUDENT HOUSING 1975 ALTON ROAD APARTMENTS, INC.



May 05, 2003 8:00 am Secretary of State

05-05-2003 90360 037 \*\*\*150.00

Suits, Apt. #, etc.  Suite, Apt. #, etc.  Cry & State  Country  Zp  Country  Zp  Country  S. Certificate of Status Desired  Set. Application  Surreal Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Stress Address (P.O. Box Number is Not Acceptable)  City  FL  Zo Code  6. The above named certity such the bits statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and acceptate objects of Florida.  Sign ATTER Now, 1, 2003 Florida State  10.  OFFICE'S AND DIRECTORS IN 11  Now, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1975 ALTON ROAD MIAMI BEACH FL 33139				1910 ÄLTON ROAD MIAMI BEACH FL 33139 US								
City & State  Ci	2. Principal Place of Business			<b>3.</b> Mai	3. Mailing Address				1   0 0 1 0 1 1 1 0 1 0 1 0 1 0 1 0 1 0	Alail eifit Biall	JiBil BII	HA 010H 10H	
Zip Country Z p Country 5. Certificate of Status Depired   S. 75. destinant   S. 75. destinant   S. 75. destinant   S. 75. destinate   S. 75. destinant   S. 75. dest	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  Fill.L. IRA  HILL. IRA  1910 ALTON ROAD  MAMI BEACH FL 33139  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  C	City & State				City & State				FEI Number 59-1571122	-	<del></del>		
HILL, IRA 1910 ALTON ROAD MAMI BEACH FL 33139  6. The above named onliny submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    Solution viberior printed own if its \$150.00	Zip	Country			Zip Cour			5.					
HILL, IRA 1910 ALTON ROAD  MAMI BEACH FL 33139  City FL Zip Code		6. Name	and Address of Cu	rrent Register	egistered Agent			7.	Name and Address of New Regis	ered Agent			
MIAMI BEACH FL 33139  City FL Zip Code  8. The above named onlifty submits this statement for the purpose of chenging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or private name of logistered agent and tice if explicable.   (NOTE Registered Agent agenture required when refeatable)   DATE		ON ROAD											
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	MIAMI BEACH FL 33139						City			<b>□</b> Zia	Code		
SIGNATURE  FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 1  TITLE PD RABBI, ZWEIG J STREET ADDRESS OCHY-ST-2/P  TITLE NAME RABBI, SIMON M STREET ADDRESS OCHY-ST-2/P  TITLE VDT RABBI, ZWEIG Y STREET ADDRESS OCHY-ST-2/P  TITLE NAME STREET ADDRESS OCHY-ST-2/P								istered ag	gent, or both, in the State of Florida.	<u>rl</u>			
FILE NOW!!! FEE IS \$15.000 After May 1, 2003 Fee will be \$55.00 May Ba Added to Fees May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS													
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME RABBI, ZWEIG J SITHET ADDRESS CITY-ST-ZIP  TITLE SD MIAMI BEACH FL TITLE NAME RABBI, SIMON M STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
TITLE RABBI, ZWEIG J STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  SD RABBI, SIMON M STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  VDT RABBI, ZWEIG Y STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET AD	10.		OFFICERS	AND DIRECTO	PRS	11.		AD	DDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS	IN 11	
TITLE NAME RABBI, SIMON M STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	Rabbi, ZW 2035 N. BA	NY RD.		☐ Delete	NAMI STRE	ET ADDRESS			☐ Ct	ange	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SD RABBI, SIM 1910 ALTO	ION M N ROAD		Delete	NAMI STRE	ET ADDRESS			Ch	ange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	rabbi, zw 2033 nort	TH BAY ROAD		☐ Delete	NAMI STREI	ET ADDRESS			☐ Ch	ange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS	_		Ch	ange	Addition	
NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP	NAME Street address			•	☐ Delete	NAME STREE	ET ADORESS			☐ Ch	ange	☐ Addition	
	NAME STREET ADDRESS	4			☐ Delete	NAME STREE	ET ADDRESS			☐ Ch	ange	☐ Addition	
			information supplie	dewith this filing	does not qualify for t			n Section	119 07/3\(i) Florida Statutas I fueb	or certify that	the in	formation	

indicated on this report or supplemental poor 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 trade empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or to changed, or on an attachment with in dress, with all other like empowered.

**SIGNATURE:**