09-18-2002 90050 018 ****61.25

FILED N00000003507
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -9 AM 10:46

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003507

1. Entity Name

KEYSTONE JEWISH CENTER, INC. (R)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1955 NE 135 ST. #303
Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL

Zip 33181 Country USA

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1013786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Rabbi Daniel Green

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

1955 NE 135 St. #303

City NORTH MIAMI FL Zip Code 33181

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	D, P
NAME	DANIEL GREEN
STREET ADDRESS	1955 NE 135 ST #303
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D
NAME	SHULAMITH GREEN
STREET ADDRESS	1955 NE 135 ST. #303
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D
NAME	MENACHEM M. GREEN
STREET ADDRESS	1955 NE 135 ST. #303
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shulamith Green 9/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #