

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 PM 2:18

DOCUMENT # N00000005852

1. Entity Name

Friendship Circle of Florida, Inc. (LA)

Principal Place of Business Mailing Address
3291 Franklin Avenue 3291 Franklin Avenue
Coconut Grove, FL 33133 Coconut Grove, FL 33133

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

65-1085999

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fellig, Menachem
3291 Franklin Avenue
Coconut Grove, FL 33133

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 D/P/S/T
NAME Fellig, Menachem
STREET ADDRESS 2985 Day Avenue
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS 200004478732--
CITY-ST-ZIP -07/17/01--01003--017
*****\$7.50 *****\$7.50 ☐ Change ☐ Addition

TITLE D/V/P
NAME Kasinsky, Mike
STREET ADDRESS 3291 Franklin Avenue
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Delete

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

TITLE D/V/P
NAME Wolnowicz, Virginia
STREET ADDRESS 3291 Franklin Avenue
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 Menachem Fellig Menachem Fellig-P June 27, 2001 (305) 445-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

SP