

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90023 007 ****70.00

004253

DOCUMENT # N00000007456

1. Entity Name

THE SOUTH FLORIDA FUND FOR JEWISH EDUCATION AND

Principal Place of Business

**1030 NE 172 TERRACE
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**1030 NE 172 TERRACE
 NORTH MIAMI BEACH FL 33162**

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

65-1072344

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRIEDLAND, RHONA Y
 1030 NE 172 TERRACE
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **FRIEDLAND, RHONA Y**
 STREET ADDRESS **1030 NE 172 TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
 NAME **ANGER, JEROME MR.**
 STREET ADDRESS **1575 E. 19 STREET**
 CITY-ST-ZIP **BROOKLYN NY 11230**

TITLE **D** ☐ Delete
 NAME **ANGER, SHIRLEY V MRS.**
 STREET ADDRESS **1575 E. 19 STREET**
 CITY-ST-ZIP **BROOKLYN NY 11230**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/T** ☐ Change ☒ Addition
 NAME **Friedland, Rhona (yohaved)**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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: **Rhona Yohaved Friedland**

July 17, 2001

305-655-0175

CR2E037 (10/00)