

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90002 014 ****61.25

DOCUMENT # N00000007638

1. Entity Name

JEWISH LEARNING CENTER, OHR OF MIAMI BEACH INCOR

Principal Place of Business

**465 41 ST.
 MIAMI BEACH FL 33140**

Mailing Address

**465 41 ST.
 MIAMI BEACH FL 33140**

2. Principal Place of Business

411 41 Street

3. Mailing Address

411 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUCHMAN, YOSSIE
 465 41 ST.
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Mendelsohn, Shmuel**

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

2965 North Bay Road

City **Miami Beach**

FL

Zip Code **33140**

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

Shmuel Mendelsohn DT Sept. 5, 01

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
 After September 12, 2001, min. will be \$236.25**

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	DP	<input type="checkbox"/> Delete
NAME	DUCHMAN, YOSSIE	
STREET ADDRESS	3170 PINE TREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KRINSKY, SHMAYA	
STREET ADDRESS	3650 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MENDELSON, SHMUEL	
STREET ADDRESS	2695 NORTH BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Shmuel Mendelsohn Sept. 5, 01 305-535-0094

CR2E037 (5/01)