

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90214 024 \*\*\*\*61.25

**DOCUMENT # N00000007839**

1. Entity Name

**SOUTH FLORIDA ASSOCIATION OF RABBIS, INC.**

Principal Place of Business

**9561 CYPRESS PARK WAY  
 BOYNTON BEACH FL 33437-2108**

Mailing Address

**9561 CYPRESS PARK WAY  
 BOYNTON BEACH FL 33437-2108**

**765827**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2771 E. OAKLAND PARK BLVD 2771 E. OAKLAND PARK BLVD**

City & State

City & State

**FT. LAUDERDALE, FL.**

**FT. LAUDERDALE, FL**

Zip

Country

Zip

Country

**33306**

**U.S.A.**

**33306**

**USA**

4. FEI Number

**65-1059009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, RABBI S  
 1540 MASTERS CIRCLE, #177  
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

**RABBI LARRY WINER**

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

**2771 E. OAKLAND PARK BLVD**

City

**FT. LAUDERDALE**

FL

Zip Code

**33306**

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

**Rabbi Larry Winer** (NOTE: Registered Agent signature required when reinstating)

**05/16/01**  
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WELLS, R. ZEV	
STREET ADDRESS	9561 CYPRESS PARK WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437-2108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTER, SUZANNE	
STREET ADDRESS	1540 MASTERS CIRCLE #177	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAGANI, DAVID	
STREET ADDRESS	12123 ROCKWELL WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINER, LARRY	
STREET ADDRESS	2771 E OAKLAND PK. BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL, 33306	
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:

**Rabbi R. Zev Wells, Pres**  
 SIGNATURE REQUIRED

**5/16/01 561-752-3181**  
 DATE DAYTIME PHONE #

CR2E037 (10/00)