

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90670 022 ****61.25

DOCUMENT # N00000008336

1. Entity Name

THE DAVIS FUND FOR TORAH EDUCATION, INC.

Principal Place of Business

Mailing Address

**17971 BISCAYNE BLVD #104
 AVENTURA FL 33160**

**17971 BISCAYNE BLVD #104
 AVENTURA FL 33160**

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

65-1063094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDBERG, ALAN M
 17971 BISCAYNE BLVD #104
 AVENTURA FL 33160**

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 **SD** ☐ Delete
 NAME **SIMON, ETHEL**
 STREET ADDRESS **671 NE 172 TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **DAVIS, PESACH**
 STREET ADDRESS **HAKABLAN 22-1 HARNOFF**
 CITY-ST-ZIP **JERUSALEM, ISRAEL**

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

TITLE **TD** ☒ Delete
 NAME **DAVIS, BLANCA**
 STREET ADDRESS **HAKABLAN 22-1 HARNOFF**
 CITY-ST-ZIP **JERUSALEM, ISRAEL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **PAULA GOLDBERG**
 STREET ADDRESS **2011 NE 209 ST**
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **STEPHANIE GLAZER**
 STREET ADDRESS **1024 SCARLET OAK ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **ETHEL SIMON** **REQUIRED**

(305)
2/27/02 932-8617

CR2E037 (9/01)