

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

FILED

02 DEC 13 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000636

1. Entity Name

GREATER MIAMI HILLEL FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1100 Stanford Drive

3. Mailing Address  
1100 Stanford Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

4. FEI Number 530238141

Applied For  
Not Applicable

Zip  
33146

Country  
U.S.A.

Zip  
33146

Country  
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name Dolores Kantrowitz

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

1100 Stanford Drive

City Coral Gables

FL

Zip Code  
33146

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$61.25  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Michael D. Ehrenstein PD  
1100 Stanford Drive  
Coral Gables, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Linda Skolnick VD  
1100 Stanford Drive  
Coral Gables, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Howard Goldstein STD  
1100 Stanford Drive  
Coral Gables, FL 33146

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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100009506821  
12/13/02--01057--002 \*\*61.25

**DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Ehrenstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Ehrenstein, PD 11/27

305-379-9000

Date

Daytime Phone #

CR2E037B (12/01)