

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-19-2003 90165 001 ****61.25

DOCUMENT # N02000006018

1. Entity Name

DISABLED ISRAELI VETERANS HOST PROGRAM OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**C/O RIVKA SADJA
5118 NW 24TH WAY
BOCA RATON FL 33496**

**C/O RIVKA SADJA
5118 NW 24TH WAY
BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2070973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVERMAN, THOMAS N ESQ
C/O THOMAS N SILVERMAN, P.A.
4400 PGA BLVD, STE 102
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SADJA, RIVKA | |
| STREET ADDRESS | 5118 NW 24TH WAY | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SADJA, SANFORD D | |
| STREET ADDRESS | 5118 NW 24TH WAY | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLACK, JOHN | |
| STREET ADDRESS | 22568 CARAVELLE CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUBIN, MARGIE | |
| STREET ADDRESS | 22568 CARAVELLE CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| 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 | | |

CR2E037 (10/02)

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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

561-998-3160

Daytime Phone #