

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009604

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: THE VAAD HAKASHRUS OF MIAMI-DADE, INC.

**Current Principal Place of Business:**

2020 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 403225  
MIAMI BEACH, FL 331401225

**New Mailing Address:**

PO BOX 403225  
MIAMI BEACH, FL 33140

FEI Number: 56-2423634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, JACK  
16855 NE 2 AVE STE 303  
N MIAMI BCH, FL 33162 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOLLANDER, ARI  
Address: 4525 N MERIDIAN AVE  
City-St-Zip: MIAMI BCH, FL 33140

Title: DST ( ) Delete  
Name: FROHLINGER, STANLEY DDS  
Address: 4550 N JEFFERSON AVE  
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP ( ) Delete  
Name: RUBIN, JONATHAN MD  
Address: 4541 N. BAY RD.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: ROTTMAN, MICHAEL  
Address: 1033 WEST 47TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: BEFELER, BENJAMIN MD  
Address: 1321 NW 14 ST STE 202  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: PEPPARD, TUVIA MD  
Address: 4350 JEFFERSON AVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARI HOLLANDER

DP

01/20/2008

Electronic Signature of Signing Officer or Director

Date