

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03515

1. Entity Name

TEMPLE SINAI OF NORTH DADE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90206 020 \*\*\*\*61.25

Principal Place of Business

18801 NE 22ND AVENUE  
NORTH MIAMI BEACH FL 33180

Mailing Address

18801 NE 22ND AVENUE  
NORTH MIAMI BEACH FL 33180-3203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0903811

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

LEOPOLD, NORMAN  
20801 BISCAYNE BLVD. SUITE #501  
NORTH MIAMI BEACH FL 33180

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **BERGMAN, RICHARD H**  
CITY-ST-ZIP **2362 NE 212 TERRACE**  
**N. MIAMI BEACH FL**

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

TITLE ☐ Delete  
NAME **VTD**  
STREET ADDRESS **KORN, GARY**  
CITY-ST-ZIP **250 SOUTH ISLAND**  
**GOLDEN BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19964 N.E. 19 Place**  
CITY-ST-ZIP **No. Miami Beach Fl. 33179**

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **SUSSMAN, JONATHAN**  
CITY-ST-ZIP **21140 NE 22 RD CT**  
**N MIAMI BEACH FL 33180**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **UDELSON, ELISE**  
CITY-ST-ZIP **1986 NE 201ST ST**  
**NORTH MIAMI BEACH FL 33179**

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

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **JACOBSON, JEANNETTE**  
CITY-ST-ZIP **4200 HILLCREST DRIVE #1005**  
**HOLLYWOOD FL 33021**

TITLE ☐ Change ☒ Addition  
NAME **VD**  
STREET ADDRESS **MARLA BERGMANN**  
CITY-ST-ZIP **18801 N.E. 21 AVE.**  
**N.M.B FL 33179**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **WARECH, SUSAN**  
CITY-ST-ZIP **20555 NE 6 CT**  
**N MIAMI BEACH FL 33179**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY KORN 4/12/00 305-935-6888**

Date

Daytime Phone #

CR2E037 (9/99)