

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90101 042 \*\*\*\*61.25

**DOCUMENT # N03515**

1. Entity Name

**TEMPLE SINAI OF NORTH DADE, INC.**

Principal Place of Business

**18801 NE 22ND AVENUE  
 NORTH MIAMI BEACH FL 33180**

Mailing Address

**18801 NE 22ND AVENUE  
 NORTH MIAMI BEACH FL 33180**

**00052309**



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

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

TITLE **VTD** ☐ Delete  
 NAME **KORN, GARY**  
 STREET ADDRESS **19964 NE 19 PL**  
 CITY-ST-ZIP **N. MIAMI BCH FL 33179**

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

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

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

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

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

TITLE **VD** ☒ Delete  
 NAME **BERGMANN, MARLA**  
 STREET ADDRESS **18801 NE 21ST AVE**  
 CITY-ST-ZIP **N. MIAMI BCH FL 33179**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **DAVID GARFINKLE**  
 STREET ADDRESS **1000 SANIBEL DRIVE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VD** ☐ Delete  
 NAME **WARECH, SUSAN**  
 STREET ADDRESS **20555 NE 6 CT**  
 CITY-ST-ZIP **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:** *Elise Udelson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elise Udelson 4/19/01 305-932-9010*

Date

Daytime Phone #

CR2E037 (10/00)