

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90092 008 ****61.25

DOCUMENT # N03515

1. Entity Name

TEMPLE SINAI OF NORTH DADE, INC.

Principal Place of Business

Mailing Address

1801 NE 22ND AVENUE
 NORTH MIAMI BEACH FL 33180

18801 NE 22ND AVENUE
 NORTH MIAMI BEACH FL 33180

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

DO NOT WRITE IN THIS SPACE



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 **P** ☒ Change ☐ Addition
 NAME **Leopold, Murphy**
 STREET ADDRESS **2100 NE 191 Drive**
 CITY-ST-ZIP **N. Miami Beach FL 33179**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Shalev, Susan**
 STREET ADDRESS **2001 N. E. 195 Dr.**
 CITY-ST-ZIP **N. M. B. FL 33179**

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 ☐ 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 **Glickman, Rose Ellen**
 STREET ADDRESS **8159 South Savannah Circle**
 CITY-ST-ZIP **DAVIE FL 33228**

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **FINTZ, Marcos**
 STREET ADDRESS **2000 N. E. 185 Ter**
 CITY-ST-ZIP **NMB FL 33179**

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 OF JONATHAN SUSSMAN Vice President 305
 2/13/02 932-9010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)