

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90002 046 \*\*\*\*61.25

**DOCUMENT # N09463**

1. Entity Name

**YOUNG ISRAEL OF SUNNY ISLES, INC.**

Principal Place of Business

Mailing Address

17395 N. BAY ROAD  
 SUNNY ISLES BEACH FL 33169

17395 N. BAY ROAD  
 SUNNY ISLES BEACH FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FEI# 65-0664550

FEI Number

00-0000000

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

**DOBIN, DAVID M**  
**4555 ADAMS AVENUE**  
**MIAMI BEACH FL 33140**

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 **PO** ☐ Delete  
 NAME **GOLDSCHMIDT, FRED**  
 STREET ADDRESS **17395 N. BAY ROAD**  
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33169**

TITLE **P/D Joseph (Yossi) Aron** ☐ Change ☒ Addition  
 NAME **17395 N Bay Road**  
 STREET ADDRESS **Sunny Isles Beach FL**  
 CITY-ST-ZIP **33160**

TITLE **STD** ☐ Delete  
 NAME **ISSACS, PHIL**  
 STREET ADDRESS **17395 N. BAY ROAD**  
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33169**

TITLE **CH/D Lester Weiden** ☐ Change ☒ Addition  
 NAME **17395 N Bay Road**  
 STREET ADDRESS **Sunny Isles Beach FL**  
 CITY-ST-ZIP **33160**

TITLE **ASD** ☐ Delete  
 NAME **DOBIN, DAVID M**  
 STREET ADDRESS **4555 ADAMS AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

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 life empowered.

**SIGNATURE:** **DOBIN ASST SECY & DIR 2/27/02 305-534-0419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)