

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90136 019 ****61.25

DOCUMENT # N09463

1. Entity Name

YOUNG ISRAEL OF SUNNY ISLES, INC.



Principal Place of Business

17395 N. BAY ROAD
SUNNY ISLES BEACH FL 33160

Mailing Address

17395 N. BAY ROAD
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0664550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. 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. I am familiar with, and accept the obligations of registered agent.

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
Due By: May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CHD	<input type="checkbox"/> Delete
NAME	GOLDSCHMIDT, FRED	
STREET ADDRESS	17395 N. BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ISAAC, PHIL	
STREET ADDRESS	17395 N. BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DOBIN, DAVID M	
STREET ADDRESS	4555 ADAMS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEIDEN, LESTER	
STREET ADDRESS	17395 N BAY ROAD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chaim Gidali	
STREET ADDRESS	17395 N Bay Road	
CITY-ST-ZIP	Sunny Isles Bch FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Chaim Gidali Pres 3/1/05 305-935-9095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #