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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90026 036 \*\*\*\*61.25

DOCUMENT # N12756

1. Corporation Name

UNITED ISRAEL CHARITIES, INC.

Principal Place of Business

7661 SIERRA DRIVE W.  
BOCA RATON FL 33433  
US

Mailing Address

7661 SIERRA DRIVE W.  
BOCA RATON FL 33433  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/27/1985

4. FEI Number

59-2659890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RABBI  
7661 SIERRA DRIVE W.  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name RABBI (GERALD GOLDSTEIN)

82 Street Address (P.O. Box Number is Not Acceptable)

83  
84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME GOLDSTEIN, RABBI G  
STREET ADDRESS 7661 SIERRA DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VPD  
NAME GOLDSTEIN, DAVID ESQ.  
STREET ADDRESS 8930 SLEEPING BEAR RD.  
CITY-ST-ZIP SKOKIE IL 60076

TITLE TD  
NAME SINGER, RABBI  
STREET ADDRESS 662 LEFFERTS AVE.  
CITY-ST-ZIP BROOKLYN NY

TITLE SD  
NAME SHUCHAT, RACHEL  
STREET ADDRESS 447 TROY AVE.  
CITY-ST-ZIP BROOKLYN NY 11203

TITLE D  
NAME GLUECK, REBECCA  
STREET ADDRESS 4561 PRAIRE AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE  
1.2 NAME GOLOSTEIN, RABBI GERALD  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME SINGER, RABBI DANIEL  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)