2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED **DOCUMENT # N12756** Jun 05, 2000 8:00 am **Secretary of State** UNITED ISRAEL CHARITIES, INC. 06-05-2000 90027 025 ****61.25 Mailing Address Principal Place of Business 7661 SIERRA-BRIVE W. 7661 SIERRA DRIVE W. BOCA RATON FL 33433-3321 BOCA RATON FL 33433 Mailing Address Phei 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-2659890 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Box Number is Not Acceptable **GOLDSTEIN, GERALD RABBI** 7661 SIERRA DRIVE W. **BOCA RATON FL 33433** 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** CEBS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 🝱 Change ☐ Delete TITLE TITLE 2MeDT NAME GOLDSTEIN, GERALD RABBI NAME STREET ADDRESS STREET ADDRESS 7661 SIERRA DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition ☐ Delete TITLE TITLE NAME GOLDSTEIN, DAIVD ESQ. NAME STREET ADDRESS STREET ADDRESS 8930 SLEEPING BEAR RD. CITY-ST-ZIP CITY-ST-ZIF SKOKIE IL 60076 TITLE Change ☐ Addition ☐ Delete TITLE TD NAME SINGER, DANIEL RABBI NAME STREET ADDRESS STREET ADDRESS 662 LEFFERTS AVE. CITY-ST-ZIP CITY-ST-ZIP_ **BROOKLYN NY** ☐ Delete Change ☐ Addition TITLE NAME SHUCHAT, RACHEL STREET ADDRESS STREET ADDRESS 447 TROY AVE. CITY-ST-ZIP CITY-ST-ZIP BROOKLYN NY 11203 ☐ Delete TITLE TITLE NAME GLUECK, REBECCA NAME STREET ADDRESS STREET ADDRESS 4561 PRAIRE AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL □ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 required 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

Daytime Phone #