

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 001 ****61.25

DOCUMENT # N12756

1. Entity Name

UNITED ISRAEL CHARITIES, INC.

Principal Place of Business

Mailing Address

~~7499 SAN CLEMENTE PLACE~~
 BOCA RATON FL 33433
 US

7499 SAN CLEMENTE PLACE
 BOCA RATON FL 33433
 US

2. Principal Place of Business

2706 LAKE FOREST

3. Mailing Address

CIRCLE

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

1

4. FEI Number

59-2659890

Applied For

Not Applicable

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

GOLDSTEIN, GERALD RABBI

~~7499 SAN CLEMENTE PLACE~~
 BOCA RATON FL 33433

Name **GOLDSTEIN, GERALD K**

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

7627 SIERRA Dr. W

City

BOCA RATON

FL

Zip Code

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.

SIGNATURE

Rabbi Gerald Goldstein

Rabbi Gerald Goldstein

June 6 2001

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

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GOLDSTEIN, GERALD RABBI | |
| STREET ADDRESS | 7661 SIERRA DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GOLDSTEIN, DAVID ESQ. | |
| STREET ADDRESS | 8930 SLEEPING BEAR RD. | |
| CITY-ST-ZIP | SKOKIE IL 60076 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SINGER, DANIEL RABBI | |
| STREET ADDRESS | 662 LEFFERTS AVE. | |
| CITY-ST-ZIP | BROOKLYN NY 11203 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SHUCHAT, RACHEL | |
| STREET ADDRESS | 447 TROY AVE. | |
| CITY-ST-ZIP | BROOKLYN NY 11203 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GLUECK, REBECCA | |
| STREET ADDRESS | 4561 PRAIRE AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7627 SIERRA Dr. W | |
| 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 | | |
| 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: *Rabbi Gerald Goldstein* **561-391-0916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

0052035