2003 NOT-FOR-PROFIT CORPORATION

FILED Feb 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N12756** 1. Entity Name 02-07-2003 90068 003 ****70.00 UNITED ISRAEL CHARITIES, INC. Principal Place of Business Mailing Address 7186 SAN SALVADOR DR P.O. BOX 880085 BOCA RATON FL 33433-1011 **BOCA RATON FL 33488-0085** 2. Principal Place of Business 3. Mailing Address 200 BONNIF Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2659890 Applied For City & State SATELLITE BEACH Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required V AUMYN 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, GERALD RABBI Street Address (P.O. Box Number is Not Acceptable) 7186 SAN SALVADOR DR 200 BONNIE BOCA BATON FL 33433-4011 Zip Code **3293** 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. SIGNATUR OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD TITLE TITLE ☐ Delete Bonniect GOLDSTEIN, GERALD RABBI NAME NAME Atellite Beach 32937-3003 7627 SIERRA DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 Delete TITLE GOLDSTEIN, DAIVD ESQ. NAME 8930 SLEEPING BEAR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SKOKIE IL 60076 ☐ Addition ☐ Change TD TITLE □ Delete TITLE SINGER, DANIEL RABBI NAME NAME STREET ADDRESS 662 LEFFERTS AVE. STREET ADDRESS CITY-ST-ZIP **BROOKLYN NY 11203** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition SHUCHAT, RACHEL STREET ADDRESS STREET ADDRESS 447 TROY AVE. CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11203** ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS