

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90186 039 \*\*\*\*61.25

**DOCUMENT # N18349**

1. Entity Name

**THE DAVE AND MARY ALPER JEWISH COMMUNITY CENTER, INC.**



Principal Place of Business

**11155 SW 112 AVE  
MIAMI FL 33176  
US**

Mailing Address

**11155 SW 112 AVE  
MIAMI FL 33176  
US**

**90006461**

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 **59-2736411**

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

**BERNSTEIN, RICHARD N.  
COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL  
2601 S BAYSHORE DR.  
MIAMI FL 33133**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME      | STREET ADDRESS           | CITY-ST-ZIP                              | TITLE                                      | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-----------|--------------------------|------------------------------------------|--------------------------------------------|------|----------------|-------------|
|       | <b>D</b>  | <b>ROSEN, EDWARD</b>     | <b>11155 SW 112 AVE.<br/>MIAMI FL</b>    | <input type="checkbox"/> Delete            |      |                |             |
|       | <b>D</b>  | <b>RAWICZ, JORGE</b>     | <b>11155 SW 112 AVENUE<br/>MIAMI FL</b>  | <input type="checkbox"/> Delete            |      |                |             |
|       | <b>D</b>  | <b>SABLOTSKY, NOREEN</b> | <b>11155 SW 112 AVENUE<br/>MIAMI FL</b>  | <input checked="" type="checkbox"/> Delete |      |                |             |
|       | <b>DT</b> | <b>DAVIDSON, BETH</b>    | <b>11155 SW 112 AVENUE<br/>MIAMI FL</b>  | <input type="checkbox"/> Delete            |      |                |             |
|       | <b>PD</b> | <b>JACOBY, SHELLEY</b>   | <b>11155 SW 112 AVENUE<br/>MIAMI FL</b>  | <input type="checkbox"/> Delete            |      |                |             |
|       | <b>D</b>  | <b>Goldstein, Mancy</b>  | <b>11421 SW 72ct<br/>MIAMI, FL 33156</b> | <input type="checkbox"/> Delete            |      |                |             |

CR2E037 (10/02)

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: SIGNATURE REQUIRED**

**1/16/03 305-271-9000**