

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22424

1. Entity Name

JEWISH ARTS FOUNDATION, INC.

Principal Place of Business

230 ROYAL PALM WAY
SUITE 207
PALM BEACH FL 33480

Mailing Address

230 ROYAL PALM WAY
SUITE 207
PALM BEACH FL 33480
US

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

65-0014995

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

KAREN DAVIS
230 ROYAL PALM WAY
SUITE 207
PALM BEACH FL 33480

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MIELNICKI, DANIEL D
STREET ADDRESS 2111 NW 59 ST
CITY-ST-ZIP BOCA RATON FL 33496

TITLE PD ☒ Change ☐ Addition
NAME YUDENFRGUND, JOEL
STREET ADDRESS 35 GRAND BAY CIRCLE
CITY-ST-ZIP JUNK BEACH FL 33408

TITLE VPD ☐ Delete
NAME BERMAN, RUTH K
STREET ADDRESS 7963 VILLA D'ESTE WAY
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME FINKELSTEIN, ANN
STREET ADDRESS 150 BRADLEY PL
CITY-ST-ZIP PALM BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP PALM BEACH FL 33480

TITLE TD ☐ Delete
NAME GREENBERG, LAWRENCE
STREET ADDRESS 1740 GRANTHAM
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1740 Grantham Drive
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE VPD ☐ Delete
NAME SCHRAM, LESLIE
STREET ADDRESS 1420 N. OCEAN BLVD
CITY-ST-ZIP PB FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lawrence D. Greenberg

Date

Daytime Phone #

CRZE037 (9/01)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90005 042 ****61.25



DO NOT WRITE IN THIS SPACE