

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90115 013 ****70.00

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DOCUMENT # **N24239**

1. Entity Name

HATIKVAH FAMILY, INC.



Principal Place of Business

**4180 CORAL SPRINGS DR.
C/O YVONNE GINSBERG
CORAL SPRINGS FL 33065
US**

Mailing Address

**4180 CORAL SPRINGS DR.
C/O YVONNE GINSBERG
CORAL SPRINGS FL 33065
US**

2. Principal Place of Business

2333 NW 95th Ave

Suite, Apt. #, etc.

3. Mailing Address

2333 NW 95th Ave

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number **65-0381536**

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GINSBERG, YVONNE

3121 NORTH 52ND AVENUE

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **KAREN BOSSERT**

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

2333 NW 95th Avenue

City

Coral Springs

FL

Zip Code

33065

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

Karen Bossert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/13/03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

TITLE **DV** ☐ Delete
NAME **FINKEL, SYDNEY**
STREET ADDRESS **18081 BISCAYNE BLVD.**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **DT** ☒ Delete
NAME **GRIFFIN, JOSEPH**
STREET ADDRESS **1600 SW 9TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☒ Delete
NAME **COOPER, SUSAN**
STREET ADDRESS **11550 S OPEN CT**
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **DS** ☒ Delete
NAME **SPEIGEL, ANNETTE**
STREET ADDRESS **C/O BINDER 8736 ESCONDODO WAY EAST**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **DT** ☐ Delete
NAME **GINSBERG, YVONNE**
STREET ADDRESS **3121 N 52ND AVE**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **RICK FREESTAT**
STREET ADDRESS **8622 NW 1ST**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **DP** ☐ Change ☒ Addition
NAME **EIAINE TERNER**
STREET ADDRESS **1208 N.W. 97th AVE.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **DS** ☐ Change ☒ Addition
NAME **DEBRA KRAVITZ**
STREET ADDRESS **1108 PINCHURST**
CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03 (954) 881-8288

Date Daytime Phone #

CR2E037 (4/03)