

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90047 033 ****61.25

DOCUMENT # N25954

1. Entity Name
HABONIM CULTURAL CLUB-SURVIVORS OF THE HOLOCAUST INC.



Principal Place of Business

**C/O MICHAEL JACOBS
2609 NE 10TH ST.
HALLANDALE FL 33009**

Mailing Address

**C/O MICHAEL JACOBS
2609 NE 10TH ST.
HALLANDALE FL 33009**

2. Principal Place of Business

2609 N.E. 10th

Suite/Apt. #, etc.

Hallandale Fl.

City & State

3. Mailing Address

2609 N.E. 10th

Suite/Apt. #, etc.

House

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0058563**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

33009

Country **USA**

33009

Country **U.S.A**

6. Name and Address of Current Registered Agent

**JACOBS, MICHAEL
2609 NE 10 STREET
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SCHWECHER, CHARLES
1904 SOUTH OCEAN DRIVE #306
HALLANDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GASSON, SAM
178001 ATLANTIC BLVD.
MIAMI BCH. FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SACHS, JOSEPH
290 171 STREET
MIAMI BCH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ID
JACOBS, MICHAEL
2609 NE 10TH ST.
HALLANDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GODLEWICZ, MICHAEL
601 THREE ISLANDS BLVD
HALLANDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

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

Michael Jacobs Dec. 4

954.456-7910

CR2E037 (10/02)