1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N26433**

1. Corporation Name

YOUNG ISHAEL OF BOCA RATON, INC.						•
Principal Place	of Business	Mailing Address				
7200 PALMETTO CIRCLE NORTH 7200 PALMETTO CIRCLE NOR			rth .		A COMPLETE BY BUT OF THE PERSON OF THE PERSO	174 BYBY 118 14 BYBY BYB Y 118 14
SUITE 2-287 SUITE 2-207						
BOCA RATON FL 33433 US BOCA RATON FL 33433 US						in Ather bidis binet giner iser
03		00			- 	**
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	, .
21 26					05/13/1988	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Applied For
22 NO	SUITE #	27 NO SULT	<u>ٿ</u> ع	<u> </u>	65-0049343	Not Applicable
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28				
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25 29 30				Trust Fund Contribution 10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
HARDIN, DAVID C ESQ				Street Addre	ess (P.O. Box Number is Not Acceptable)	•
MOMBACH, BOYLE & HARDIN, PA						
500 E BROWARD BLVD			84			
FT LAUDERDALE FL 33394				City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
1	m familiar with, and accept the obligation	JIIS 01, Section 017.0303, Florida	otatutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent :	signature required	d when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	<u> </u>
TITLE	VD	☐ DELETE	1.1 TITLE	12	RESIDENT OF DEED	Change Addition
NAME	BENNETT, DR RICHARD		1.2 NAME	ξ.	PHRAIM GOLDBERG 429 LONDON LANE	
STREET ADDRESS	8363 SAN SEBASTIAN CIRCLE		1.3 STREET A	DORESS 7	474 100000 1111	, ,
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-		OCA RATON, FL 33433	☐ Change ☐ Addition
TITLE	HO TREASURER	☐ DELETE	2.1 TITLE	YP	AN CONTRACTOR	☐ Change
NAME	HEIFETZ, JACK	MOTOW DLACE	2.2 NAME	B	IRRY KIRSCHENBAUM.	- · · ·
STREET ADDRESS	HEIFETZ, JACK 8702 VIA REGIN A 3050 H.F	11/11/00	2.3 STREET A	DDRESS 6	1 1 2 2 1 2 2 1 2 3 2 1 2 3 2 1 2 3 2 1 3 3 2 1 3 3 2 1 3 3 2 1 3 3 2 1 3 3 2 1 3 3 3 3	
CITY-ST-ZIP	-BOOA-RATON-FL-33488- B. D.C.	A RIATOU, FL 32454	2. 4 CITY-ST-	ZIP BC	CA RATON, FL 33433	Change
TITLE	SD	D DELETE	3.1 TITLE		ECRETARY RS. HARRIET GROSS	
NAME	RIBKE, LISA		3.2 NAME		1566 VILLA NOVA DR	
STREET ADDRESS	21599 VILLA NOVA DRIVE		3.3 STREET A	DORESS OL	1360 VILL 234133	
CITY-ST-ZIP	BOCA RATON FL 33433	Ø DELETE	3.4. CITY-ST- 4.1 TITLE		OCA RATON, FL 33433	☐ Change ☐ Addition
TITLE	TD WENDY	r DECEIE	4.1 TILE 4. 2 NAME	J. D	RS. GAIL HERBST	·
NAME	GELFOND, WENDY		4.2 NAME 4.3 STREET A	ODDESC M.	690 SOLIMAR CIR.	
STREET ADDRESS	682 THORNHILL COURT		4.4 CITY-ST-	21D 20 4	OCA RATON, FL 3343.3	i
CITY-ST-ZIP	BOCA RATON FL 33433	₽ DELETE	5.1 TITLE	" ?\	OCH KHION, TE JJ 133	☐ Change ☑ Addition
NAME	D REDTMAN MARTIN		5.2 NAME	M	ICHAEL KLEIN	
STREET ADDRESS	BERTMAN, MARTIN 6906 DALMAR COURT		5.3 STREET A	ODRESS 7	462 SILVER WOODS COV	RT
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CITY-ST-	ZIP A	OCA RATON, FL 33433	
1 OH 11-31-ZIP	DOOR INIVITE WYW	<u> </u>			MI 101-) 1- 0-100	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

TITLE

NAME

MR. BEZALEL BELOLO

TOIL SAN SEBASTIAN

DELETE

DR.

MRS. TRUDI SPONDER- HEIFETZ

3050 HAMPTON PLACE

FILED

03-08-1999 90018 043 ****70.00

Mar 08, 1999 8:00 am § Secretary of State