

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90051 039 ****61.25

DOCUMENT # N27784

1. Entity Name

PROJECT HERITAGE OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

633 NE 167TH STREET
 SUITE 1009
 N. MIAMI BEACH FL 33162
 US

633 N.E. 167TH STREET
 SUITE 1009
 N. MIAMI BEACH FL 33162-2448
 US

V I S I T A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0080441

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALBUT, ABRAHAM A.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

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 Delete
 NAME **D GRUENSTEIN, MOSHE**
 STREET ADDRESS **675 NE 178TH TERR**
 CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HELLRING, LARRY**
 STREET ADDRESS **2000 S. BAYSHORE DR. #19**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GRUNBLATT, KEEVA**
 STREET ADDRESS **17610 N. E. 8TH PLACE**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GALBUT, ABRAHAM A.**
 STREET ADDRESS **4425 N. MICHIGAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Delete
 NAME
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 CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Moshe Gruenstein

305-653-8973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOSHE GRUENSTEIN Date 2-1-00

Daytime Phone #