

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90005 028 ****61.25

DOCUMENT # N27784

1. Entity Name

PROJECT HERITAGE OF GREATER MIAMI, INC.

1A

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
 US



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

DO NOT WRITE IN THIS SPACE

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
After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	GRUENSTEIN, MOSHE	
STREET ADDRESS	675 NE 178TH TERR	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLRING, LARRY	
STREET ADDRESS	2000 S. BAYSHORE DR. #19	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUNBLATT, KEEVA	
STREET ADDRESS	17610 N. E. 8TH PLACE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALBUT, ABRAHAM A.	
STREET ADDRESS	4425 N. MICHIGAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY HELLRING	
STREET ADDRESS	10 EDGEWATER DR. #7E	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEVA GRUNBLATT	
STREET ADDRESS	70-74 136 ST	
CITY-ST-ZIP	FLUSHING NY 11367	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Keava Grunblatt

305-653-9853

CR2E037 (5/01)