

DOCUMENT # N31636

1. Entity Name

THE LANA DITCHEK GOLDBERG HACHNOSSOS KALLAH OF G

Principal Place of Business

Mailing Address

% BARBARA BOSEM DAHAV
1400 LENOX AVENUE
MIAMI BEACH FL 33139
US

% BARBARA BOSEM DAHAV
1400 LENOX AVENUE
MIAMI BEACH FL 33139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0186078

Applied For

Not Applicable

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

DAHAV, BARBARA BOSEM
1400 LENOX 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	DS	<input type="checkbox"/> Delete
NAME	BISTON, BAYLA	
STREET ADDRESS	1335 LENOX AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAHAV, BARBARA BOSEM	
STREET ADDRESS	1400 LENOX AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOCHET, BATSHEVA	
STREET ADDRESS	1035 14TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEHRFIELD, MIRIAM	
STREET ADDRESS	1335 NE 171 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYBERG, JUDY	
STREET ADDRESS	4433 N. BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, BARBARA	
STREET ADDRESS	3711 PRAIRIE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	

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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90010 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)