

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90896 033 ****75.00

DOCUMENT # N32204

1. Entity Name

SEPHARDIC-AMERICAN CLUB OF FLORIDA, INC.

Principal Place of Business

IRVING YOUNG, DIRECTOR
6950 NORTHWEST 10TH PLACE
MARGATE FL 33063

Mailing Address

IRVING YOUNG, DIRECTOR
6950 NORTHWEST 10TH PLACE
MARGATE FL 33063

MORRIS FEUERMAN

Delete



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

14088 CAMPANELLI DR

DELRAY BEACH

FL

33484

F.B.E

4. FEI Number

65-0088014

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SROKA, LOUIS S.
% SACHS & SAX, P.A.
ABERN FINANCIAL CTR.#4150, 301 YAMATO RD.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **MORRIS FEUERMAN**
 Street Address (P.O. Box Number is Not Acceptable) **14088 CAMPANELLI DR**
 City **DELRAY BEACH** FL Zip Code **33484**

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

Morris J. Feuerman

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RACHNOWITZ, NACK 1010 COUNTY CLUB DR MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHALOM, LOUISE 4332 NW 54TH ST COCONUT CREEK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURLISON, TRISE 7265 ASHMONT CIR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FETERMAN, MORRIS J 4088 CARRPANELLI DR DELRAY BEACH FL 33481	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENEZIA, MORRIS 6950 NW 10TH CT MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Stella Jorguel Cambridge Pk 3068 Deerfield Beach, Fla. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Choculi Monte 7739 Southminster Trl apt 401 Tamiami FL 33720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect. STANLEY EIG 1037 LYNDBURST J DEERFIELD BEACH, FL, 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORRIS J. FEUERMAN 14088 CAMPANELLI DR DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Morris J. Feuerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-495-1107

CR2E037 (9/01)