


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

03-03-2003 90439 023 ****66.25

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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 C/O MORRIS FEUERMAN 14088 CAMPANELLI DELRAY BEACH FL 33484		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0088014	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEUERMAN, MORRIS 14088 CAMPANELLI DELRAY BEACH FL 33484			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SEE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHNOWITZ, NACK		NAME	STANLEY EIG	DEERFIELD BEACH
STREET ADDRESS	1010 COUNTY CLUB DR		STREET ADDRESS	1037 HYNDAHURST	FL 33442
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	1ST VP SHELBY MARTINO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALOM, LOUISE		NAME	7739 SOUTH HUNTINGTON TERR	
STREET ADDRESS	4332 NW 54TH ST		STREET ADDRESS	TAMARAC FL 33321	
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP	2ND VP ROE MENAGED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	2120 NW 33RD TERR	
NAME	BURLISON, TRISE		NAME	COCONUT CREEK FL 33066	
STREET ADDRESS	7265 ASHMONT CIR		STREET ADDRESS	LOUISE SHALOM DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	TAMARAC FL		CITY-ST-ZIP	4332 NW 54TH ST	
TITLE	T	<input type="checkbox"/> Delete	TITLE	COCONUT CREEK FL	
NAME	FEUERMAN, MORRIS J		NAME	VICKY RACHNOWITZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4088 CAMPANELLI DR		STREET ADDRESS	1010 COUNTY CLUB DR	TRUSTEE
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	MILIE SAMARAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENEZIA, MORRIS		NAME	CAMBRIDGE 2068	DIRECTOR
STREET ADDRESS	6950 NW 10TH CT		STREET ADDRESS	DEERFIELD BEACH FL 33442	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	SANGREL, STELLA		NAME		
STREET ADDRESS	CAMBRIDGE 2068		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		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)(f), 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: <u>MORRIS FEUERMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

CR2E037 (10/02)