

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33454

1. Entity Name

COALITION FOR ISRAEL, INC.

Principal Place of Business

% JACQUIN D. BIERMAN
4376 N BAY RD
MIAMI BEACH FL 33140

Mailing Address

% JACQUIN D. BIERMAN
4376 N BAY RD
MIAMI BEACH FL 33140-2855

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

65-0142847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIERMAN, JACQUIN D.
4376 N BAY RD
MIAMI BEACH FL 33140

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 PD ☐ Delete
NAME BIERMAN, GLORIA
STREET ADDRESS 4376 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SCHACTER, SAM
STREET ADDRESS 550 N 35TH STREET
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME FLATTO, CAROL
STREET ADDRESS 1438 JEFFERSON
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BIERMAN, JACQUIN D
STREET ADDRESS 3476 N BAY RD
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gloria Berman SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA BIERMAN

June 5, 2000 Date

(386)23-1444 Daytime Phone #

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90002 008 ****11.25
06-20-2000 90008 028 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)