

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33454

1. Entity Name

COALITION FOR ISRAEL, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91072 049 ****70.50

0038467

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		A0065506	
2. Principal Place of Business 1814 N.E. MIAMI ST Suite, Apt. #, etc. 502 City & State N M BEACH FL Zip 33179 Country U.S.A.		3. Mailing Address 1814 N.E. MIAMI ST Suite, Apt. #, etc. 502 City & State N M BEACH FL Zip 33179 Country U.S.A.		DO NOT WRITE IN THIS SPACE	
4. FEI Number 65-0142847				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BIERMAN, JACQUIN D. 4376 N BAY RD MIAMI BEACH FL 33140			7. Name and Address of New Registered Agent Name PETER GOLDMAN Street Address (P.O. Box Number is Not Acceptable) 1030 NE 177 TER City N.M.B. FL Zip Code 33162		
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 <u>Peter Goldman</u> DATE <u>MAY 7th 2001</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BIERMAN, GLORIA 4376 NORHT BAY ROAD MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHACTER, SAM 550 N 35TH STREET HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLATTO, CAROL 1438 JEFFERSON MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PETER GOLDMAN 1030 NE 177 TER N.M.B. FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIERMAN, JACQUIN D 3476 N BAY RD MIAMI BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AVROM LOPIAN 1162 NE 176 th TER N.M.B. FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: Gloria Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE MAY 7th

Daytime Phone #

CR2E037 (10/00)