

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90007 011 \*\*\*\*61.25

**DOCUMENT # N33455**

1. Entity Name

**JERUSALEM INSTITUTE FOR WESTERN DEFENSE, INC.**

Principal Place of Business

Mailing Address

% BERNICE HOROWITZ  
 1 GROVE ISLE, PH 2  
 COCONUT GROVE FL 33133

% BERNICE HOROWITZ  
 1 GROVE ISLE, PH 2  
 COCONUT GROVE FL 33133-4106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0142848**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOROWITZ, BERNICE**  
**1 GROVE ISLE DRIVE #PH2**  
**COCONUT GROVE FL 33133**

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  Delete  
 NAME **D**  
**RAMATI, YOCHANON**  
 STREET ADDRESS **4 EIN ROGEL ST**  
 CITY-ST-ZIP **JERUSALEM 93543**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
**HOROWITZ, BERNICE**  
 STREET ADDRESS **1 GROVE ISLE DRIVE PH2**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
**HOROWITZ, ARTHUR**  
 STREET ADDRESS **1 GROVE ISLE DRIVE PH2**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MCCOLLUM, TAFFY GOULD**  
 STREET ADDRESS **10 EDGEWATER DR 14-F**  
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**NISKIN, DEBORAH**  
 STREET ADDRESS **3415 CHASE AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MILLER, DR. DOUG**  
 STREET ADDRESS **510 W. 50TH ST.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bernice Horowitz* 1/18/99 305-858-0477

Date

Daytime Phone #

CR2E037 (9/99)