

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33455

1. Entity Name

JERUSALEM INSTITUTE FOR WESTERN DEFENSE, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90002 020 ****70.00

801132



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMATI, YOCHANON	
STREET ADDRESS	4 EIN ROGEL ST	
CITY-ST-ZIP	JERUSALEM 93543	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOROWITZ, BERNICE	
STREET ADDRESS	1 GROVE ISLE DRIVE PH2	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOROWITZ, ARTHUR	
STREET ADDRESS	1 GROVE ISLE DRIVE PH2	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOLLUM, TAFFY GOULD	
STREET ADDRESS	10 EDGEWATER DR 14-F	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISKIN, DEBORAH	
STREET ADDRESS	3415 CHASE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DR. DOUG	
STREET ADDRESS	510 W. 50TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bernice Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

305-858-0477

CR2E037 (10/00)