

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90500 012 ****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

BU116330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1 Grove Isle

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 21

City & State

City & State

Coconut Grove

Zip

Country

Zip

Country

33133

USA

4. FEI Number

65-0142848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

SIGNATURE:

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

4/30/02 (305) 858-0477

CR2E037 (9/01)