

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91023 038 ****61.25

DOCUMENT # N33455

1. Entity Name

JERUSALEM INSTITUTE FOR WESTERN DEFENSE, INC.



Principal Place of Business

% BERNICE HOROWITZ
1 GROVE ISLE PH 21
COCONUT GROVE FL 33133

Mailing Address

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

2. Principal Place of Business

520 Brickell Key Dr.
Suite, Apt. #, etc.
1421 apt.

3. Mailing Address

520 Brickell Key Dr.
Suite, Apt. #, etc.
apt 1421

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

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

Same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernice Horowitz

4/4/03

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
Florida 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
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 like empowered.

SIGNATURE: *Bernice Horowitz* **BERNICE HOROWITZ - 4/4/03 -**

(305) 579-7002

CR2E037 (10/02)