

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90132 004 \*\*\*\*61.25

**DOCUMENT # N37451**

1. Entity Name

**YOUNG ISRAEL OF PEMBROKE PINES, INC.**

Principal Place of Business

Mailing Address

13400 SW 10TH ST  
 PEMBROKE PINES FL 33027

13400 SW 10TH ST  
 PEMBROKE PINES FL 33027-1833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*BROWARD*

4. FEI Number

**59-2986684**

Applied For

Not Applicable

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

**ZEMEL, MORTON B.**  
**2450 N.E. MIAMI GARDENS DR.**  
**N MIAMI BEACH FL 33180**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREED, MANUEL M</b>	
STREET ADDRESS	<b>12950 SW 13TH ST #D-205</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, ARNOLD</b>	
STREET ADDRESS	<b>1650 SW 124TH TERR</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, ANDREW</b>	
STREET ADDRESS	<b>801 SW 138TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, THEODORE</b>	
STREET ADDRESS	<b>13455 SW 3RD ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HALBERSTADT, ALEX</b>	
STREET ADDRESS	<b>1200 SW 137 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALGLEY, JOEL</b>	
STREET ADDRESS	<b>13100 SW 11TH CT #C-214</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>HERBERT</del> GOLDSMITH, HERBERT</b>	
STREET ADDRESS	<b>700 S.W. 137TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL. 33027</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Theodore Evans* **THEODORE EVANS REQUIRED - TREASURER**

**2/7/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)