

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90030 050 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

BROWARD

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	D	<input checked="" type="checkbox"/> Delete
NAME	FREED, MANUEL M	
STREET ADDRESS	12950 SW 13TH ST #D-205	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	P	<input type="checkbox"/> Delete
NAME	POSNER, WILLIAM	
STREET ADDRESS	1301 SW 134 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ANDREW	
STREET ADDRESS	801 SW 138TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, THEODORE	
STREET ADDRESS	13455 SW 3RD ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, HERBERT	
STREET ADDRESS	700 SW 137 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BALGLEY, JOEL	
STREET ADDRESS	13100 SW 11TH CT #C-214	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH BERGER	
STREET ADDRESS	1100 S.W. 130TH AVE APT. H404	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS. SONNY DAMATOW	
STREET ADDRESS	12955 W. 16TH CT APT M 314	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 *954 450-1191*
 Date Daytime Phone #

CR2E037 (9/01)