

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

02-20-2002 90104 002 ****61.25

DOCUMENT # N40167

1. Entity Name

COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES, INC.

Principal Place of Business 267 N MILITARY TRAIL WEST PALM BEACH FL 33409	Mailing Address 3267 N MILITARY TRAIL WEST PALM BEACH FL 33409
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0219982	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEINBERG, BARBARA S. 4688 COMMUNITY DR WEST PALM BEACH FL 33417	7. Name and Address of New Registered Agent Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable): <u>3267 N. Military Trail</u> City: <u>W. Palm Beach</u> FL Zip Code: <u>33409</u>
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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 re-registering) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D WARSHAW, JANE STREET ADDRESS 2611 EMBASSY DR CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D SHAPRIO, DEBRA STREET ADDRESS 2541 SEMINOLE CIR CITY-ST-ZIP WEST PALM BCH FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME C WALTZER-SCHULMAN, NORMA DR STREET ADDRESS 9245 SE COVE POINTE ST CITY-ST-ZIP TEQUESTA FL 33489	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D KURT, BERNARD STREET ADDRESS 3125 EMBASSY DR CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D STEINBERG, BARBARA STREET ADDRESS 2770 HANCOCK CREEK RD. CITY-ST-ZIP WEST PALM BEACH FL 33411	<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"/> Delete	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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2197 (2/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N40167**

1. Entity Name

COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACH HES, INC.

Principal Place of Business
3267 N MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address
3267 N MILITARY TRAIL
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0219982

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

STEINBERG, BARBARA S.
4699 COMMUNITY DR
WEST PALM BEACH FL 33417 33409

Name: *Same*
Street Address (P.O. Box Number is Not Acceptable)

3267 N. Military Trail
City: *W. Palm Beh* FL Zip Code: *33409*

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** Delete
NAME: **WARSHAW, JANE**
STREET ADDRESS: **2611 EMBASSY DR**
CITY-ST-ZIP: **WEST PALM BEACH FL 33401**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **D** Delete
NAME: **SHAPIRO, DEBRA**
STREET ADDRESS: **2541 SEMINOLE CIR**
CITY-ST-ZIP: **WEST PALM BCH FL 33409**

TITLE: _____ Change Addition
NAME: **Shapiro, Debra**
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **C** Delete
NAME: **WALTZER-SCHULMAN, NORMA DR**
STREET ADDRESS: **9245 SE COVE POINTE ST**
CITY-ST-ZIP: **TEQUESTA FL 33469**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **D** Delete
NAME: **KURIT, BERNERD**
STREET ADDRESS: **3125 EMBASSY DR**
CITY-ST-ZIP: **WEST PALM BEACH FL 33401**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **D** Delete
NAME: **STEINBERG, BARBARA**
STREET ADDRESS: **2770 HANCOCK CREEK RD.**
CITY-ST-ZIP: **WEST PALM BEACH FL 33411**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Steinberg
Barbara Steinberg
Executive Director

5/8/02

Daytime Phone #

(561) 640-0700

Attachment
31489
N40167

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0002839