

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42485

1. Entity Name

MIGDAL TOWER OF LIGHT, INC.

LA

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90112 035 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH FL 33140
US

4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH FL 33140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0344268

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DONNER, NORMAN
4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH FL 33140

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 PD ☐ Delete
NAME JUNGREIS, MEIR
STREET ADDRESS 3605 FLAMINGO DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME SCHLONEGER, BARBARA D
STREET ADDRESS 17019 W DIXIE HWY
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SCHLONEGER, LOYAL
STREET ADDRESS 18181 NE 31ST CT 407
CITY-ST-ZIP N MIAMI BCH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JUNGREIS, NILLIE
STREET ADDRESS 3605 FLAMINGO DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME DONNER, MICHUM
STREET ADDRESS 4045 SHERIDAN AVENUE, APT. 212
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DONNER, EVELYN
STREET ADDRESS 4045 SHERIDAN AVE 212
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

6/15/01-954-7770391

CR2E037 (10/00)