

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90100 042 ****61.25

DOCUMENT # N44007
 1. Entity Name
ORGANIZATION FOR JEWISH STUDIES, INC.

Principal Place of Business Mailing Address

% WILLIE TRUMP **% WILLIE TRUMP**
4000 ISLAND BLVD., #3006 **4000 ISLAND BLVD., #3006**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160-2540**



DO NOT WRITE IN THIS SPACE

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 Applied For

65-0277345 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TRUMP, WILLIE
4000 ISLAND BLVD.
SUITE 3006
N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | |
|----------------------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | TRUMP, WILLIE | |
| STREET ADDRESS | 4000 ISLAND BLVD., #3006 | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BALD, HOWARD | |
| STREET ADDRESS | 1000 ISLAND BLVD., #409 | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MATUS, ALAN | |
| STREET ADDRESS | 7900 ISLAND BOULEVARD | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLEISHER, HENRY | |
| STREET ADDRESS | 3000 ISLAND BLVD #2701 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|---|
| 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 | | <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 | | |

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 OF WILLIE TRUMP PRESIDENT** Date: **4/27/00** Daytime Phone #: **(305) 937-7860**

CR2E037 (9/99)