

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49388**

1. Entity Name

UNITED ORTHODOX COMMUNITY COUNCIL OF SOUTH  
FLORIDA, INC.



Principal Place of Business

4045 SHERIDAN AVE  
#214  
MIAMI BEACH, FL 33140 US

Mailing Address

P.O. BOX 402281  
MIAMI BEACH, FL 33140-0281 US



04182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0339829

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**

MOSS, BARRY  
4045 SHERIDAN AVE #214  
MIAMI BEACH, FL 33140

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOSS, BARRY
STREET ADDRESS	4045 SHERIDAN AVE #214
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	MOSS, JUDITH
STREET ADDRESS	4045 SHERIDAN AVE #214
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	LAMBERT, SIMEON
STREET ADDRESS	141-61 71ST AVE.
CITY-ST-ZIP	FLUSHING, NY 11367
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barry Moss*  
Barry Moss

*Apr 18 2008*  
Date

*(305) 538-9751*  
Daytime Phone #