

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90044 010 ****70.00

DOCUMENT # N51240

1. Entity Name

YOUNG ISRAEL OF MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

**4221 PINE TREE DR.
 MIAMI BEACH FL 33140**

**4221 PINE TREE DR.
 MIAMI BEACH FL 33140-3111**

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

65-0368749

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

**LENER, HERBERT J
 777 ARTHUR GODFREY RD.
 SECOND FLOOR
 MIAMI BEACH FL 33140**

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

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

HERBERT J. LERNER

(NOTE: Registered Agent signature required when reinstating)

5/1/2000

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 Delete
 NAME **DP**
 STREET ADDRESS **LEFKOWITZ, MICHAEL**
 CITY-ST-ZIP **2990 FLAMINGO DRIVE**
MIAMI BEACH FL 33140

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **RABINOWITZ, ROBERT**
 CITY-ST-ZIP **4747 COLLINS AVENUE**
MIAMI BEACH FL 33140

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HERSCHMAN, ELIAS**
 CITY-ST-ZIP **4430 PINE TREE DR.**
MIAMI BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HERSCHMAN, MARCIA**
 CITY-ST-ZIP **4430 PINE TREE DR.**
MIAMI BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MENSH, NORMAN**
 CITY-ST-ZIP **4361 ROYAL PALM AVE.**
MIAMI BEACH FL

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

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:

Michael Lefkowitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LEFKOWITZ

Date

5/2/00

Daytime Phone #

305-538-9162

CR2E037 (9/99)