

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90047 025 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0368749

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LERNER, 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 _____

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 NAME	DP LEFKOWITZ, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	2990 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	D RABINOWITZ, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	4747 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	D HERSCHMAN, ELIAS	<input type="checkbox"/> Delete
STREET ADDRESS	4430 PINE TREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	D HERSCHMAN, MARCIA	<input type="checkbox"/> Delete
STREET ADDRESS	4430 PINE TREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	D MENSCH, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS	4381 ROYAL PALM AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(1), 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* MICHAEL LEFKOWITZ

Date: 1/09/02
 Daytime Phone #: 305-538 9462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)