

**2003 NOT-FOR-PROFIT CORPORATE
UNIFORM BUSINESS REPORT (1)**

DOCUMENT # N93000001008

1. Entity Name

AISH HATORAH JERUSALEM FUND, INC.



FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90168 030 ***61.25

Principal Place of Business

**3150 SHERIDAN AVE
MIAMI BEACH FL 33140
US**

Mailing Address

**3150 SHERIDAN AVE
MIAMI BEACH FL 33140
US**

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 **65-0389241**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PACKOUZ, RABBI K
3150 SHERIDAN AVE.
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PACKOUZ, RABBI K**
STREET ADDRESS **3150 SHERIDAN AVE**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE **D** ☐ Delete
NAME **WEISS, JEFFREY J**
STREET ADDRESS **21237 HARROW CT.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete
NAME **BERNSTEIN, RICHARD N**
STREET ADDRESS **100 SE SECOND ST. #4000**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 **PACKOUZ**

Jan 17 2003

**(305)
538-5767**

CR2E037 (10/02)