

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N93000001441 (5)**

1. Entity Name  
**Congregation LeB "Nai Israel Baba Sali Inc.**

FILED

01 JUN 25 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**551 N. Nob Hill Rd  
Plantation, Fl 33324**

Mailing Address  
**2800 E. Commercial Blvd  
Suite 208  
Ft. Lauderdale, Fl. 33308**

2. Principal Place of Business  
Suits, Apt. #, etc.

3. Mailing Address  
Suits, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

*[Handwritten initials]*

**REINSTATEMENT 98-01**

4. FEI Number  
**65-0485553**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**Allen H. Katz  
2800 E. Commercial Blvd.  
Suite 208  
Fort Lauderdale, Fl. 33308**

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 *Allen H. Katz* **5-3-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW  
FEE \$5.67 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. P Charles Aman 401 N.W. 108th Ave Plantation Fl 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. Pres. D Avraham Waknine 10163 N.W. 14th St. Plantation Fl 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas. D David Mabani 10208 N.W. 24th Place Sunrise Fl 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>400004474384 -07/13/01--01047--003 ****245.88</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>400004474384 -07/13/01--01047--004 ****185.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles Aman* **5-3-01 954-741-0306**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20037(1/00)