

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000003027****1. Entity Name**
AMERICA-ISRAEL CHAMBER OF COMMERCE-FLORIDA, INC.**Principal Place of Business**
225 S. FEDERAL HWY.
2ND FLOOR
DEERFIELD BCH. FL 33441 US**Mailing Address**
225 S. FEDERAL HWY.
2ND FLOOR
DEERFIELD BCH. FL 33441 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
65-0442407**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**RUDDY CHARLES J.
225 S. FEDERAL HIGHWAY
2ND FLOOR
DEERFIELD BEACH FL 33441 US**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** **04/24/2001**
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** ☐ **\$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	VCD	<input type="checkbox"/> Delete
NAME	BALLEN SAM	
STREET ADDRESS	2101 CORPORATE BLVD STE 101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLER SAM	
STREET ADDRESS	2101 CORPORATE BLVD., STE 101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAROFF ART	
STREET ADDRESS	9527 PARKVIEW AVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	M	<input type="checkbox"/> Delete
NAME	RUDDY CHARLES J.	
STREET ADDRESS	225 S FEDERAL HWY., 2ND FLOOR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHINDLER OZZIE		
STREET ADDRESS	1200 BRICKELL AVE.		
CITY-ST-ZIP	MIAMI FL 33131		
TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELDENKREIS OSCAR		
STREET ADDRESS	3000 NW 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEROFF ART		
STREET ADDRESS	9527 PARKVIEW AVE		
CITY-ST-ZIP	BOCA RATON FL 33428		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(f), 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:** ART-BEROFF **D** **04/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)