

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90382 034 ****61.25

DOCUMENT # N93000003027

1. Entity Name

AMERICA-ISRAEL CHAMBER OF COMMERCE-FLORIDA, INC.

Principal Place of Business

Mailing Address

225 S. FEDERAL HWY.
 2ND FLOOR
 DEERFIELD BCH. FL 33441
 US

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

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 **M** ☐ Delete
 NAME **RUDDY, CHARLES J.**
 STREET ADDRESS **225 S FEDERAL HWY., 2ND FLOOR**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME **BEROFF, ART**
 STREET ADDRESS **9527 PARKVIEW AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **D** ☐ Delete
 NAME **BEROFF, ART**
 STREET ADDRESS **9527 PARKVIEW AVE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **TD** ☒ Change ☐ Addition
 NAME **BEROFF, ART**
 STREET ADDRESS **9527 PARKVIEW AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **DC** ☒ Delete
 NAME **FELDENKREIS, OSCAR**
 STREET ADDRESS **3000 NW-107TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **CD** ☐ Change ☒ Addition
 NAME **EPSTEIN, GARY**
 STREET ADDRESS **1221 BRICKELL AVE**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☒ Delete
 NAME **SCHINDLER, OZZIE**
 STREET ADDRESS **1200 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SD** ☐ Change ☒ Addition
 NAME **FRANCO, HELEN**
 STREET ADDRESS **1 N. CLEMATIS ST., STE 400**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411-5523**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **D** ☐ Change ☒ Addition
 NAME **TANSMAN, AVI**
 STREET ADDRESS **7100 W. CAMINO REAL**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 6, 2002

954-420-5888

CR2E037 (9/01)