

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0024595

DOCUMENT # N93000004393

1. Entity Name

JEWISH SOLIDARITY INC.

04-17-2002 90134 003 ****61.25

B00677671



DO NOT WRITE IN THIS SPACE

Principal Place of Business JEWISH SOLIDARITY INC 4714 SW 74 AVENUE MIAMI FL 33155 US	Mailing Address JEWISH SOLIDARITY INC 4714 SW 74 AVENUE MIAMI FL 33155 US
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2. Principal Place of Business 142 B. Beacom Blvd.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State MIAMI FL	City & State SAME
Zip 33135	Country USA

4. FEI Number 65-0438769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVI, XIOMARA
4714 SW 74 AVE
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Xiomara Levy

Street Address (P.O. Box Number is Not Acceptable)
142 B. Beacom Boulevard

City
MIAMI

FL Zip Code
33135

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 **Xiomara Levy Director** **4/2/02**

Signature, type 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED LEVI, EDDIE 5055 COLLINS AVE. MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD DOPICO, VICENTE 8261 N.W. 64TH ST. MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVI, XIOMARA 5055 COLLINS AVE. MIAMI BEACH FL 33140	<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
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
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: **Xiomara Levy Director** **4/2/02**

Signature and typed or printed name of signing officer or director Date

CR2E037 (9/01)