

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 048 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000004393	
1. Entity Name JEWISH SOLIDARITY INC.	
Principal Place of Business 142 B BEACON BLVD MIAMI, FL 33135 US	Mailing Address JEWISH SOLIDARITY INC 4714 SW 74 AVENUE MIAMI, FL 33155 US
2. Principal Place of Business SAME	3. Mailing Address 100 Beacon Boulevard
City & State Miami, FL	
Zip 33140	Country Miami-Dade
4. FEI Number 65-0438769	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVI, XIOMARA 142 B BEACON BLVD MIAMI, FL 33135	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when submitting)	
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	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PED LEVI, EDDIE 6066 COLLINS AVE. MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VDD DOPICO, VICENTE 6261 N.W. 64TH ST. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TD LEVI, XIOMARA 6066 COLLINS AVE. MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 fee empowered.	
SIGNATURE: Xiomara Levy Director April-8-03 305-642-1600	