

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90036 045 \*\*\*\*61.25

DOCUMENT # N94000000160

1. Entity Name

CONGREGATION AHAVAS YISRAEL CORPORATION

Principal Place of Business

708 LAKE HOWELL RD.  
MAITLAND FL 32751  
US

Mailing Address

708 LAKE HOWELL RD.  
MAITLAND FL 32751  
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

59-3222318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERSIN, LENARD  
708 LAKE HOWELL ROAD  
MAITLAND FL 32751

Name

Nissim Astrouck

Street Address (P.O. Box Number is Not Acceptable)

708 Lake Howell Road

City

Maitland

FL

Zip Code

32751

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 *Nissim Astrouck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2002

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	D	<input type="checkbox"/> Delete
NAME	BECKER, MIRIAM	
STREET ADDRESS	840 WEST FOREST BROOK ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANZIGER, DAVID JUDGE	
STREET ADDRESS	2015 VENETIAN WAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARA, ROBERT	
STREET ADDRESS	118 NORTH WYMORE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PERSIN, LENARD	
STREET ADDRESS	501 BROOKSIDE CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DHAN, YAEA	
STREET ADDRESS	9911 BURL WAY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLAX, DAVID	
STREET ADDRESS	106 VILLAGE LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	

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		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sholom S. Durbov	
STREET ADDRESS	642 Green meadow Ave	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Miller	
STREET ADDRESS	051 Tiberon Cove	
CITY-ST-ZIP	Longwood FL 32750	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Blumenthal	
STREET ADDRESS	2621 Cedar Bay Point	
CITY-ST-ZIP	Chasselberry FL 32707	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nissim Astrouck	
STREET ADDRESS	1769 Lake Berry Drive	
CITY-ST-ZIP	Winter Park FL 32789	

CR2E037 (9/01)

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 of Officer or Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (407) 644-2500