

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90051 021 ****61.25

DOCUMENT # N94000000170

1. Entity Name

MIAMI BEACH COMMUNITY KOLLEL, INC.

Principal Place of Business

Mailing Address

**3767 CHASE AVE
 MIAMI BEACH FL 33140
 US**

**3767 CHASE AVE
 MIAMI BEACH FL 33140
 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

65-0458857

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

**CHOUKE, ARY
 777 ARTHUR GODFREY ROAD
 2ND FLOOR
 MIAMI BEACH FL 33140**

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
 After September 12, 2001, min. will be \$236.25**

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** Delete
 NAME **ALLAN, JACOB**
 STREET ADDRESS **536 W 47TH ST**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHWED, BENJAMIN**
 STREET ADDRESS **4320 N. MERIDIAN AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAMPERT, ARI**
 STREET ADDRESS **4465 N. MERIDIAN AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PM** Delete
 NAME **GROSS, NAHUM Y**
 STREET ADDRESS **4230 SHERIDAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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:

(Handwritten signature) SIGNATURE REQUIRED. Gross

Aug 15 01

205-532-8941

CR2E037 (5/01)