

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 015 ****61.25

DOCUMENT # N94000003515

1. Corporation Name

JEWISH EDUCATIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

1110 NE 163 ST
STE 8
N MIAMI BCH FL 33162
US

1110 NE 163 ST
STE 8
N MIAMI BCH FL 33162
US



2. Principal Place of Business

2a. Mailing Address

21 **4341 SHERIDAN AVE**

26 **4341 SHERIDAN AVE**

3. Date Incorporated or Qualified

07/15/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0504232

Applied For
Not Applicable

City & State

23 **MIAMI BEACH FL**

City & State

28 **MIAMI BEACH FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **33140**

25 **USA**

Zip

Country

29 **33140**

30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLATT, RABBI G
4341 SHERIDAN AVE.
MIAMI BEACH FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TR**
STREET ADDRESS **GLATT, RABBI GEDALYA**
CITY-ST-ZIP **4341 SHERIDAN AVE.**
MIAMI BEACH FL 33140

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR**
STREET ADDRESS **YARUS, GARY**
CITY-ST-ZIP **330 W. 45 ST.**
MIAMI BEACH FL 33140

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR**
STREET ADDRESS **SCHECHTER, JAY**
CITY-ST-ZIP **4333 N JEFFERSON AVE**
MIAMI BCH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR**
STREET ADDRESS **DRUCKER, ANDREW**
CITY-ST-ZIP **5795 N KENDALL DR**
MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

7/15/99 **305-531-1625**

CR2E037 (5/99)