

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90011 032 ****61.25

DOCUMENT # N94000003515

1. Entity Name

JEWISH EDUCATIONAL SERVICES, INC.

Principal Place of Business

**4341 SHERIDAN AVE
 MIAMI BEACH FL 33140
 US**

Mailing Address

**4341 SHERIDAN 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

65-0504232

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

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

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.

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 13, 2000 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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **T NIMAN, RABBI YISROEL**
 STREET ADDRESS **4595 NAUTILUS CT.**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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:

Rabbi Gedalya Glatt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RABBI GEDALYA GLATT 9/10/00 305-534-7574

Date

Daytime Phone #

CR2E037 (5/00)