

2001 UNIFORM BUSINESS REPORT (UBR)**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

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**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**TR
GLATT, RABBI GEDALYA
4341 SHERIDAN AVE.
MIAMI BEACH FL 33140**TITLE ☐ Delete**TR
YARUS, GARY
330 W. 45 ST.
MIAMI BEACH FL 33140**TITLE ☐ Delete**TR
SCHECHTER, JAY
4333 N JEFFERSON AVE
MIAMI BCH FL**TITLE ☐ Delete**TR
DRUCKER, ANDREW
5795 N KENDALL DR
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
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:

SIGNATURE REQUIRED**FILED**
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90044 004 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

9/2/01

305-534-7574