

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003515

1. Entity Name

JEWISH EDUCATIONAL SERVICES, INC..

FILED

Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90450 013 ****61.25

Principal Place of Business

Mailing Address

4341 SHERIDAN AVE
MIAMI BEACH FL 33140
US

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

7. Name and Address of New Registered Agent

GLATT, RABBI G
4341 SHERIDAN AVE.
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

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

TITLE TRUSTEE ☐ Change ☒ Addition
NAME RABBI ISRAEL NIMAN
STREET ADDRESS 4595 NAUTILUS COURT
CITY-ST-ZIP MIAMI BEACH, FL 33140

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/02

Date

Daytime Phone #

CR2E037 (9/01)