

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000000631****1. Entity Name**

AMERICA-ISRAEL CHAMBER OF COMMERCE-FLORIDA EDUCATIONAL INSTITUTE, INC.

**Principal Place of Business**225 SOUTH FEDERAL HWY.  
2ND FLOOR  
DEERFIELD BEACH  
33441

FL

**Mailing Address**225 SOUTH FEDERAL HWY.  
2ND FLOOR  
DEERFIELD BEACH  
33441

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0563034**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**RUDDY CHARLES J  
225 S FEDERAL HIGHWAY  
2ND FLOOR  
DEERFIELD BEACH  
33441

FL

**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

**04/24/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHINDLER OZZIE 1200 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLEN SAM 2101 CORPORATE BLVD STE 101 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BALLEN SAM 2101 CORPORATE BLVD-STE 101 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEROFF ART 9527 PARK VIEW AVE BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FELDENKREIS OSCAR 3000 NW 107TH AVE MIAMI FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDDY CHARLES J 225 S. FEDERAL HWY., 2ND FLOOR DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Art Beroff

D

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)