

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90381 006 \*\*\*\*61.25

**DOCUMENT # N95000000631**

1. Entity Name

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

Principal Place of Business

Mailing Address

225 SOUTH FEDERAL HWY.  
 2ND FLOOR  
 DEERFIELD BEACH FL 33441

225 SOUTH FEDERAL HWY.  
 2ND FLOOR  
 DEERFIELD BEACH FL 33441

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

65-0563034

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

**RUDDY, CHARLES J**  
**225 S FEDERAL HIGHWAY**  
**2ND FLOOR**  
**DEERFIELD BEACH FL 33441**

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RUDDY, CHARLES J**  
 CITY-ST-ZIP **225 S. FEDERAL HWY., 2ND FLOOR**  
**DEERFIELD BEACH FL 33441**

TITLE ☒ Change ☐ Addition  
 NAME **M**  
 STREET ADDRESS **RUDDY, CHARLES J**  
 CITY-ST-ZIP **225 S. FEDERAL HWY, 2ND FL**  
**DEERFIELD BEACH, FL 33441**

TITLE ☒ Delete  
 NAME **DC**  
 STREET ADDRESS **FELDENKREIS, OSCAR**  
 CITY-ST-ZIP **3000 NW 107TH AVE**  
**MIAMI FL 33172**

TITLE ☐ Change ☒ Addition  
 NAME **CD**  
 STREET ADDRESS **EPSTEIN, GARY**  
 CITY-ST-ZIP **1221 BRICKELL AVE**  
**MIAMI, FL 33131**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BEROFF, ART**  
 CITY-ST-ZIP **9527 PARK VIEW AVE**  
**BOCA RATON FL 33428**

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **BEROFF ART**  
 CITY-ST-ZIP **9527 PARKVIEW AVE**  
**BOCA RATON, FL 33428**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **SCHINDLER, OZZIE**  
 CITY-ST-ZIP **1200 BRICKELL AVE**  
**MIAMI FL 33131**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **TANSMAN, AVI**  
 CITY-ST-ZIP **7100 W. CAMINO REAL**  
**BOCA RATON, FL 33433**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
 NAME **SD**  
 STREET ADDRESS **FRANCO, HELEN**  
 CITY-ST-ZIP **1 N. CLEMATIS ST, STE 400**  
**WEST PALM BEACH, FL 33411-5523**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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

June 6, 2002

954-420-5888

Date

Daytime Phone #

CR2E037 (9/01)