

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90286 017 \*\*\*\*70.00

**DOCUMENT #** N95000003149(0)

1. Entity Name

Jewish Young Adult Network, Inc.

Principal Place of Business	Mailing Address
Hirsh, Michael 4036 El Prado Blvd. Coconut Grove, FL 33133	Hirsh, Michael 4036 El Prado Blvd. Coconut Grove, FL 33133

2. Principal Place of Business 4036 El Prado Blvd.	3. Mailing Address 4036 El Prado Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coconut Grove, FL	City & State Coconut Grove, FL
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Zip 33133	Country	Zip 33133	Country
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4. FEI Number 65-0591124	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0061474**

6. Name and Address of Current Registered Agent

Hirsh, Michael  
4036 El Prado Blvd.  
Coconut Grove, FL 33133

7. Name and Address of New Registered Agent

Name Hirsh, Michael
Street Address (P.O. Box Number is Not Acceptable) % Hirsh & Company, CPAs
8525 N.W. 53rd Terr., Ste 206
City Miami
FL Zip Code 33166

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 NAME STREET ADDRESS CITY - ST - ZIP	President-Director <input type="checkbox"/> Delete Hirsh, Michael 4036 El Prado Blvd. Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hirsh, Michael 8525 N.W. 53rd Terr., Ste 206 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary-Director <input type="checkbox"/> Delete Hirsh, Lisa 4036 El Prado Blvd. Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hirsh, Lisa 8525 N.W. 53rd Terr., Ste 206 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer-Director <input type="checkbox"/> Delete Rose Falowitz 3910 Little Avenue Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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)(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

Date

Daytime Phone #