

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91156 026 \*\*\*\*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	Hirsh, Michael 4036 El Prado Blvd Coconut Grove, FL

2. Principal Place of Business 3713 Main Highway	3. Mailing Address 3713 Main Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coconut Grove, FL	City & State Coconut Grove, Fl
Zip 33133	Country
Country	Zip 33133
Country	Country

4. FEI Number 65-0591124	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Hirsh, Michael  
 % Hirsh & Company, CPAs  
 8525 NW 53rd Terr., Ste 206  
 Miami, FL 33166

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 ☐ \$5.00 May Be Added to Fees

**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hirsh, Michael 8280 SW 103 Street Miami, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hirsh, Lisa 8280 SW 103 Street Miami, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fellig, Mendy 2958 Day Avenue Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fellig, Henchi Goldstein 2958 Day Avenue Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Swartz, Nadine 9845 SW 126th Terrace Miami, FL 33176
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: *Michael A. Hirsh* President *Michael A. Hirsh* 305-592-4775  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #