

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003149

1. Entity Name

JEWISH YOUNG ADULT NETWORK, INC.

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90036 027 \*\*\*\*70.00

Principal Place of Business

3713 MAIN HIGHWAY  
COCONUT GROVE FL 33133  
US

Mailing Address

3713 MAIN HIGHWAY  
COCONUT GROVE FL 33133  
US

2. Principal Place of Business

8280 SW 103 Street  
Suite, Apt. #, etc.

3. Mailing Address

8280 SW 103 Street  
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

US

City & State

Miami, FL

Zip

33156

Country

US

4. FEI Number

65-0591124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIRSH, MICHAEL  
HIRSH & COMPANY CPA  
8525 NW 53RD TERR STE 208  
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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSH, MICHAEL	
STREET ADDRESS	8280 SW 103 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HIRSH, LISA	
STREET ADDRESS	8280 SW 103 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FELLIG, MENDY	
STREET ADDRESS	2958 DAY AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FELLIG, HENCHI G	
STREET ADDRESS	2958 DAY AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWARTZ, NADINE	
STREET ADDRESS	9845 SW 126TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael A. Hirsh Michael A Hirsh, President 04/26/02 305592 4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)