

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006042

1. Entity Name

AMERICAN FRIENDS OF RELIGIOUS FREEDOM IN ISRAEL  
- HEMDAT - AFRF, INCORPORATED

Principal Place of Business

Mailing Address

C/O MR. NEWTON PRESS  
18 FURBISH AVE.  
NEWTON MA 02465  
US

C/O MR. NEWTON PRESS  
18 FURBISH AVE.  
NEWTON MA 02465  
US

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

31-1475367

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

ULLMAN, SAMUEL C  
200 S. BISCAYNE BLVD., STE. 4000  
MIAMI FL 33131

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 DP ☐ Delete  
NAME SHUVAL, HILLEL PROF.  
STREET ADDRESS C/O N. PRESS, 18 FURBISH AVE.  
CITY-ST-ZIP NEWTON MA 02165

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

TITLE D ☐ Delete  
NAME GORDIS, DAVID DR.  
STREET ADDRESS 43 HAINES ST.  
CITY-ST-ZIP BROOKLINE MA

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

TITLE DS ☐ Delete  
NAME GREEN, DOROTHY U DR.  
STREET ADDRESS 26 MYRTLE ST.  
CITY-ST-ZIP BOSTON MA 02130

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

TITLE D ☐ Delete  
NAME HIRSCH, RABBI AMI  
STREET ADDRESS 838 FIFTH AVE.  
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ Delete  
NAME BENT, MIRIAM  
STREET ADDRESS 2440 VIA LAZO  
CITY-ST-ZIP PALM SPRINGS CA 92264

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

TITLE D ☐ Delete  
NAME PRESS, AIDA  
STREET ADDRESS 18 FURBISH  
CITY-ST-ZIP WALTHAM MA 02165

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90031 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)