

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90177 001 ****61.25
01-16-2003 90177 002 *****8.75

DOCUMENT # N95000006042

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

C/O Newton Press
Suite, Apt. #, etc.
18 FURBISH AVE.

3. Mailing Address

C/O Newton Press 18 FURBISH AVE
Suite, Apt. #, etc.
18 FURBISH AVE.

City & State

W. Newton, MA

City & State

Newton, MA

Zip

02465

Country

US

Zip

02465

Country

US

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **DS** ☐ Delete
NAME **GREEN, DOROTHY U DR.**
STREET ADDRESS **28 MYRTLE ST.**
CITY-ST-ZIP **BOSTON MA 02130**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Newton Press** ☐ Change ☒ Addition
NAME **18 FURBISH AVE.**
STREET ADDRESS **W. Newton, MA 02465**
CITY-ST-ZIP

TITLE **SAUL AMIT REINHARTZ** ☐ Change ☒ Addition
NAME **66 BEAUMONT AVE.**
STREET ADDRESS **Newton, MA 02460**
CITY-ST-ZIP

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

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

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

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:

DAVID GORDIS

1/10/03

781-890-0058

CR2037 (10/02)