

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002136

1. Entity Name

NATIONAL RABBINIC NETWORK, INC.

**FILED**  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90051 035 \*\*\*175.00

0010221

Principal Place of Business

18212 CLEARBROOK CIRCLE  
BOCA RATON FL 33498

Mailing Address

18212 CLEARBROOK CIRCLE  
BOCA RATON FL 33498

2. Principal Place of Business

20833 Cypress Way  
Suite, Apt. #, etc.

3. Mailing Address

20833 Cypress Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

4. FEI Number 65-0661997

Applied For  
Not Applicable

Zip 33433 Country USA

Zip 33433 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEMER, RABBI J  
18212 CLEARBROOK CIRCLE  
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

20833 CYPRESS WAY

City

BOCA RATON

FL

Zip Code

33433

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  
After September 12, 2001, min. will be \$236.25

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 D  
NAME RIEMER, RABBI J  
STREET ADDRESS 18212 CLEARBROOK CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE D  
NAME SINGER, RABBI M  
STREET ADDRESS 333 S.W. 4TH AVENUE  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE D  
NAME STEINHARDT, RABBI D  
STREET ADDRESS 6261 S.W. 18TH STREET  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Signature Required

8/22/01 331-883-0736

CR2E037 (5/01)