

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003353

1. Entity Name

JULES GERSON AND HARRIETTE R. SCHECTER CHARITABL

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90066 043 ****61.25

Principal Place of Business 1140 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	Mailing Address 1140 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154-2045
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DO NOT WRITE IN THIS SPACE

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 65-0676212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHIMMEL, ARNOLD
1201 S. OCEAN DR.
APT. 1201 NORTH
HOLLYWOOD FL 33019

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 PTD	<input type="checkbox"/> Delete
NAME GERSON, JULES	
STREET ADDRESS 10155 COLLINS AVE. APT 1809	
CITY-ST-ZIP BAL HARBOR FL 33154	
TITLE VSD	<input type="checkbox"/> Delete
NAME SCHECTER, HARRIETTE R	
STREET ADDRESS 180 E 79TH ST	
CITY-ST-ZIP NEW YORK NY 10021	
TITLE VD	<input type="checkbox"/> Delete
NAME SCHECTER, SUZANNE R	
STREET ADDRESS 180 E. 79TH STREET	
CITY-ST-ZIP NEW YORK NY 10021	
TITLE VD	<input type="checkbox"/> Delete
NAME SCHECTER, JULIANNE	
STREET ADDRESS 180 E. 79TH STREET	
CITY-ST-ZIP NEW YORK NY 10021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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	

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: *Jules Gerson* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/6/00** Daytime Phone # _____

CR2E037 (9/99)