

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004704

1. Entity Name

KING DAVID SOCIETY INTERNATIONAL, INC.

Principal Place of Business

7006 HUNTINGTON LANE #104 BLDG. 12
DELRAY BEACH FL 33446

Mailing Address

N.Y. BRANCH
453 BEACH 40TH ST
APT 2D
FAR ROCKAWAY NY 11691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABBI DAVID MARCIANO ISHAI
7006 HUNTINGTON LANE #104 BLDG. 12
DELRAY BEACH FL 33446

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 DAVID ISHAI PRESIDENT

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	PD	<input type="checkbox"/> Delete
NAME	YISHAI, RABBI DAVID M B	
STREET ADDRESS	7006 HUNTINGTON LANE #104 BLDG. 12	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GREENSPAN, HARRY	
STREET ADDRESS	7006 HUNTINGTON LN	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARCIANO, BECKY	
STREET ADDRESS	2333 N 68TH ST	
CITY-ST-ZIP	WAUWATOSA WI	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DR MALVIN J LANCY	
STREET ADDRESS	1515 S PENSERVILLE DR	
CITY-ST-ZIP	STENSVILLE MD	
TITLE	PR	<input type="checkbox"/> Delete
NAME	ISHAI, MORIS MARCIANO	
STREET ADDRESS	7654 E N.Y. AVE	
CITY-ST-ZIP	BROOKLYN NY 11203	
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE REQUIRED

1.5.02

718 868 2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90301 001 ****61.25

01-24-2002 90301 002 ****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)