

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004825

1. Entity Name

TZEDAKAH HOUSE, INC.

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90172 007 \*\*\*\*70.00

Principal Place of Business

7680 N.W. 62ND WAY  
PARKLAND FL 33067

Mailing Address

7680 N.W. 62ND WAY  
PARKLAND FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0718687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

COHN, L. JERRY  
4300 N. UNIVERSITY DRIVE, SUITE B-104  
LAUDERHILL FL 33351

## 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**  
**After September 13, 2000 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** ☐ Delete  
NAME **CARTER, SUZANNE H.**  
STREET ADDRESS **1561 S. CONGRESS AVE., #161**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Delete  
NAME **KAPLAN, JONATHAN S**  
STREET ADDRESS **7680 N.W. 62ND WAY**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **D** ☐ Delete  
NAME **SPIEGEL, AARON**  
STREET ADDRESS **13180 LA CANADA BLVD.**  
CITY-ST-ZIP **FISHERS IN 46038**

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  
NAME  
STREET ADDRESS  
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:

*Jonathan S Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

Date

Daytime Phone #

(954) 346-5030

CR2E037 (5/00)