

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90008 037 \*\*\*\*61.25

**DOCUMENT # N98000000012**

1. Entity Name

**JEWISH LEARNING CENTER/OHR MENACHEM MENDEL, INC.** ✓

Principal Place of Business

Mailing Address

411-41 STREET  
 MIAMI BEACH FL 33140

411-41 STREET  
 MIAMI BEACH FL 33140

**972712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0808208**

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

7. Name and Address of New Registered Agent

**MENDSOHN, RABBI SCHMUEL**  
**411-41 STREET**  
**MIAMI BEACH FL 33140**

Name **YOSSI DUCHMAN**

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

**3170 PINETREE DRIVE**

City **MIAMI BEACH**

**FL**

Zip Code **33140**

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]* **YOSSI DUCHMAN**

**8/1/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	DUCHANAN, YOSSIE	
STREET ADDRESS	411-41 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KRINSLEY, SHMAYA	
STREET ADDRESS	411-41 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUCHMAN, YOSSI	
STREET ADDRESS	465 41 STREET	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MENDELSON, STIMUEL	
STREET ADDRESS	411-41 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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]* **SIGNATURE REQUIRED YOSSI DUCHMAN**

**8/1/02**

**305 532 3216**

CR2E037 (4/02)