

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90160 027 ****61.25

DOCUMENT # N98000000659

1. Entity Name

YESHIVA GEDOLAH RABBINICAL COLLEGE, INC.

Principal Place of Business

Mailing Address

**1200 ALTON ROAD
 MIAMI BEACH FL 33139**

**1200 ALTON ROAD
 MIAMI BEACH FL 33139-3810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0809938

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORF, BENZION
 1200 ALTON ROAD
 MIAMI BEACH FL 33139**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	KORF, ABRAHAM	1200 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
	DV	KORF, BENZION	1200 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
	DS	SOSSONKO, YOSEF	1200 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
	DT	SCHAPIRO, YEHUDA L	1200 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
	D	MIRMELLI, STEWART	1200 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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 BENZION KORF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KORF

1/6/2000
 DATE

**(305) 216
 9047**
 Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE