

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001619

1. Entity Name

THE CHESSED FOUNDATION, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90028 011 ****70.00

Principal Place of Business

Mailing Address

2225 N.E. 121ST STREET
NORTH MIAMI FL 33181

2225 N.E. 121ST STREET
NORTH MIAMI FL 33181-2916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0872234

Applied For

Not Applied

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

TRUTE, MELVYN
1090 KANE CONCOURSE STE. 202
BAY HARBOR ISLANDS FL 33154

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 | D | <input type="checkbox"/> Delete |
| NAME | LANG, JORY | |
| STREET ADDRESS | 2225 N.E. 121ST STREET | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MIZRAHI, NANCY | |
| STREET ADDRESS | 1281 94TH STREET | |
| CITY-ST-ZIP | HARBOR ISLANDS FL 33154 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUNN, STEVEN | |
| STREET ADDRESS | 208 PARK DRIVE | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 JORY LANG
DIRECTOR

1-7-00 305-891-5508

Date

Daytime Phone #