

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90116 001 \*\*\*\*70.00

**DOCUMENT # N98000003692**

1. Entity Name

**PHILOSOPHICAL AND SPIRITUAL UNIVERSITY, INC.**

Principal Place of Business

Mailing Address

17720 NORTH BAY ROAD, PHA  
 MIAMI BEACH FL 33160

17720 NORTH BAY ROAD, PHA  
 MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0847800**

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

**BENARROCH, RABBI MARC**  
 17720 NORTH BAY ROAD, PHA  
 MIAMI BEACH FL 33160

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	PD	<input type="checkbox"/> Delete
NAME	BENARROCH, RABBI MARC	
STREET ADDRESS	17720 NORTH BAY ROAD, PHA	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENARROCH, MATHILDE	
STREET ADDRESS	17720 NORTH BAY ROAD, PHA	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENARROCH, JOEL	
STREET ADDRESS	17720 NORTH BAY ROAD, PHA	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MUALEM, EZRA	
STREET ADDRESS	17720 NORTH BAY ROAD, PHA	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAULEM, NAZIHA	
STREET ADDRESS	17720 NORTH BAY ROAD, PHA	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
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		
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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		

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*

2-1-2002 305931-418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE007 (9/01)