

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000006578

1. Entity Name

**AMERICAN SEPHARDIC FEDERATION, INC. SOUTH
FLORIDA CHAPTER**



Principal Place of Business

**10185 COLLINS AVENUE SUITE 307
BAL HARBOUR FL 33154**

Mailing Address

**10185 COLLINS AVENUE SUITE 307
BAL HARBOUR FL 33154**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0898099

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

**FERSTER, HOWARD
20620 22 CT
N MIAMI BEACH FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D FRANCO, ARMANDO**
STREET ADDRESS **10185 COLLINS AVE. #307**
CITY- ST- ZIP **BAL HARBOUR FL 33154**

☐ Change ☐ Addition
U00000817145
02/14/08-80082-009 61.25

TITLE ☐ Delete
NAME **D FERSTER, HOWARD**
STREET ADDRESS **20620 22 COURT**
CITY- ST- ZIP **NORTH MIAMI BEACH, FL 33180**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **D ELIAS, URI DR**
STREET ADDRESS **18181 NE 31ST CT., APT 2108**
CITY- ST- ZIP **NORTH MIAMI BEACH FL 33160**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **T SALT, JAIME**
STREET ADDRESS **290 174 ST APT 1219**
CITY- ST- ZIP **NORTH MIAMI BEACH FL 33160**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **P OJALVO, JOSE**
STREET ADDRESS **9559 COLLINS AVE #1002**
CITY- ST- ZIP **SURFSIDE FL 33154**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jaime Salt

2-2-08