

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90099 015 ****61.25

DOCUMENT # N98000006578

1. Entity Name

**AMERICAN SEPHARDIC FEDERATION, INC. SOUTH FLORID
A 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**

70043336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**COHEN, ISRAEL
151 N.E. 5TH STREET
DELRAY BEACH FL 33483**

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

7. Name and Address of New Registered Agent

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

Howard Ferster, Director Howard Ferster

3/2/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **ELIAS, URI DR**
STREET ADDRESS **70 S.W. 91ST AVE. #202**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **T** ☐ Delete
NAME **SALT, JAIME**
STREET ADDRESS **290 174 STREET APT 1219**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **18181 NE 31ST COURT/ART 1219**
CITY-ST-ZIP **N. MIAMI BEACH 33180**

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

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

TITLE ☐ Change ☐ 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

2/23/03 201-866 6078

CR2E037 (10/02)