

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N98000006795

1. Entity Name  
AGUDATH ISRAEL OF SOUTH FLORIDA, INC.



**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4541 N BAY RD  
MIAMI BEACH, FL 33140

Mailing Address  
4541 N BAY RD  
MIAMI BEACH, FL 33140



07312008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0879644

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MANASTER, JOSHUA D  
1428 BRICKELL AVENUE 8TH FLOOR  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RUBIN, JONATHAN
STREET ADDRESS	4541 N BAY RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	WEISS, BUDDY
STREET ADDRESS	17611 NE 7 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	D
NAME	HOLLANDER, ARI
STREET ADDRESS	4525 N MERIDIAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	LAPCIUC, MARCOS
STREET ADDRESS	4900 PINE TREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN M. MATZ

AUG 1 2008

DATE

305-532-2500

DAYTIME PHONE #

Jonathan Rubin

8/1/08 305-532-2500