

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90829 038 \*\*\*\*61.25

0024428

**DOCUMENT # N99000001250**  
 1. Entity Name  
**YOUNG ISRAEL OF BAL HARBOUR INC.**

Principal Place of Business <b>%MARTY PATRICK          1141 KANE CONCOURSE          BAY HARBOR ISLANDS FL 33154</b>	Mailing Address <b>%MARTY PATRICK          1141 KANE CONCOURSE          BAY HARBOR ISLANDS FL 33154</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>13-5611758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
**PATRICK, MARTY  
 1141 KANE CONCOURSE  
 BAY HARBOR ISLANDS FL 33154**

**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.  
 SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KWIAT, DAVID</b>	
STREET ADDRESS	<b>10185 COLLINS AVE 808</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRUM, LEON</b>	
STREET ADDRESS	<b>1141 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ENGELSTEIN, HAROLD</b>	
STREET ADDRESS	<b>1141 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL 33154</b>	
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	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH SENKER</b>	
STREET ADDRESS	<b>8950 GARLAND AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE, FLORIDA 33154</b>	
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		
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 an other like empowered.

**SIGNATURE:** *Joseph A. Senker* **2/15/02** **305-966-0203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/01)