

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90097 031 \*\*\*\*61.25

**DOCUMENT # N99000001250**

1. Entity Name  
**YOUNG ISRAEL OF BAL HARBOUR INC.**



Principal Place of Business  
**%MARTY PATRICK  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

Mailing Address  
**%MARTY PATRICK  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5611758**

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

**PATRICK, MARTY  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SENKER, JOSEPH</b>	
STREET ADDRESS	<b>8958 GARLAND AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 PRESIDENT - DAVID KWIAT** 1/10/03 305 868 4819

CR2E037 (10/02)