

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-12-2000 90112 041 ****61.25

DOCUMENT # 1999000002902
1. Entity Name
ISRALIGHT SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
7618 STOCKTON TERR. 7618 STOCKTON TERR.
BOCA RATON FL 33433 BOCA RATON FL 33433-4156

2. Principal Place of Business *7618 Stockton Terrace*
~~Boca Raton, FL~~ 3. Mailing Address *7618 Stockton Terrace*
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State *Boca Raton FL* City & State *Boca Raton, FL* 4. FEI Number *65-0915662* Applied For
Not Applicable
Zip *33433* Country *USA* Zip *33433* Country *USA* 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
FERTEL, MORTON
7618 STOCKTON TERR.
BOCA RATON FL 33433

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 _____ (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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>CEO</i>
STREET ADDRESS		STREET ADDRESS	<i>Morton Fertel</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>7618 Stockton Terrace</i>
			<i>Boca Raton, FL 33433</i> D
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Rabbi David Aaron</i>
STREET ADDRESS		STREET ADDRESS	<i>25 Misgav Cadach</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Old City, Jerusalem, Israel</i> D
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Brian Plotkin</i>
STREET ADDRESS		STREET ADDRESS	<i>Executive Director</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>22145 Belmar Dr., #2203</i>
			<i>Boca Raton, FL 33433</i> D
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUESTED Fertil 1/4/00 561-447-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)