

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90007 026 \*\*\*\*61.25

**DOCUMENT # N99000004237**

1. Entity Name

**SCHOLARSHIP FUND FOR ETHIOPIAN JEWS, INC.**

Principal Place of Business

Mailing Address

**C/O MARLENE HERZOG  
2562 WEST SARATOGA DRIVE  
COOPER CITY FL 33026****C/O MARLENE HERZOG  
2562 WEST SARATOGA DRIVE  
COOPER CITY FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0938714**

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

**HERZOG, MARLENE  
2562 WEST SARATOGA DRIVE  
COOPER CITY FL 33026**

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

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAIFETZ, SIDNEY	
STREET ADDRESS	4740 S OCEAN BLVD APT PH2	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kasdan, Rabbi Peter E.	
STREET ADDRESS	5 Darby Terrace	
CITY-ST-ZIP	Livingston, NJ 07039	

TITLE	EVPD	<input type="checkbox"/> Delete
NAME	SHERMAN, EDWIN	
STREET ADDRESS	4740 S OCEAN BLVD APT 1105	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD / TREASURER	<input type="checkbox"/> Delete
NAME	HERZOG, MARLENE	
STREET ADDRESS	2562 W SARATOGA DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levadi, Dr. Victor	
STREET ADDRESS	21 Tiffany Drive	
CITY-ST-ZIP	Livingston, NJ 07039	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohan, Robert	
STREET ADDRESS	760 Mara Drive	
CITY-ST-ZIP	Blue Bell, PA 19422	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nordwind, Willy, Esq.	
STREET ADDRESS	9709 E. Mountain View #2624	
CITY-ST-ZIP	Scottsdale, AZ 84258	

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:** *Marlene Herzog* **Marlene Herzog**

1/07/02

(954) 433-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)