

DOCUMENT # N99000006788

1. Entity Name

AMERICAN FRIENDS OF KOLLEL ZICHRON ASHER, INC.

Principal Place of Business

Mailing Address

1428 BRICKELL AVE., 8TH FLOOR
MIAMI FL 331311428 BRICKELL AVE., 8TH FLOOR
MIAMI FL 33131-3438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SOVA, RABBI YEHUDA	
STREET ADDRESS	777 41ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABE SOVA	
STREET ADDRESS	777 41st 2nd Floor	
CITY-ST-ZIP	miami Beach FL 33140	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLFSON, URI	
STREET ADDRESS	RECHOV NOCHUM CHAFTZDE, #5	
CITY-ST-ZIP	JERUSALEM, ISRAEL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca SOVA	
STREET ADDRESS	777-41st	
CITY-ST-ZIP	miami Beach FL 33140	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLISSER, EPHRAIM	
STREET ADDRESS	RECHOV NOCHUM CHAFTZDE, #5	
CITY-ST-ZIP	JERUSALEM, ISRAEL	

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		<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		

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

03-29-2000 90058 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)