

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUN 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006788** **R**

1. Entity Name

AMERICAN FRIENDS OF KOLLEL ZICKRON ASHER, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

777 41 ST STREET

3. Mailing Address

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33140

Country

USA

Zip

Country

4. FEI Number

65-0972716

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOSHUA D. MANASTER, ESQ.
1426 BRICKELL AVE.
MIAMI, FL 33131**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
**YEHUDA SOVA
777 41ST ST, 2ND FLOOR
MIAMI BEACH, FL 33140**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
**URI WOLFSON
777 41ST ST, 2ND FLOOR
MIAMI BEACH, FL 33140**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
**EPHRAIM SCHLISER
777 41ST ST, 2ND FLOOR
MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STF FL32380F.1

CR2007 (9/99)

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-07/19/00
*****61.25 *****61.25

Dept of state

un Am Business Dept
Division of corporate
P.O. Box 1000

32302-1100