

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90016 045 \*\*\*\*61.25

0039624

**DOCUMENT # N99000006788**

1. Entity Name

**AMERICAN FRIENDS OF KOLLEL ZICHRON ASHER, INC.**

Principal Place of Business

Mailing Address

777 41ST STREET.. 2ND FL  
MIAMI BEACH FL 33140

777 41ST STREET.. 2ND FL  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

4779 Collins Ave

4779 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 3304

Ste. 3304

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33140

USA

33140

USA

4. FEI Number

65-0972716

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SOVA, YEHUDA** ☐ Delete  
**777 41ST STREET., 2ND FLOOR**  
**MIAMI BEACH FL 33140**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WOLFSON, URI** ☐ Delete  
**777 41ST STREET., 2ND FL**  
**MIAMI BEACH FL 33140**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCHILSSER, EPHRAIM** ☐ Delete  
**777 41ST STREET., 2ND FL**  
**MIAMI BEACH FL 33140**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 indicated on an attachment with an address, with all other like empowered.

**SIGNATURE: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2001

Date

Daytime Phone #

CR2E037 (10/00)