

2001 **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000007526**

1. Entity Name

**DAVID TARSISH TORAH CHESED FOUNDATION, INC.**

APPROVED  
AND  
FILED

01 JAN 31 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~16750 N.E. 10TH AVE.~~  
~~UNIT 219~~  
NORTH MIAMI BEACH FL 33162

~~16750 N.E. 10TH AVE.~~  
~~UNIT 219~~  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
17241 NE 13th AVE

Suite, Apt. #, etc.  
17241 NE 13th AVE

City & State

City & State

4. FEI Number

74-2939207

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBES, ROBERT J  
1221 BRICKELL AVE.  
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  Delete  
NAME **D GOODMAN, DANIEL**  
STREET ADDRESS ~~16750 N.E. 10TH AVE., UNIT 219~~  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE  Change  Addition  
NAME **17241 NE 13th AVE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D GOODMAN, CHANA RUTH**  
STREET ADDRESS ~~16750 N.E. 10TH AVE., UNIT 219~~  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE  Change  Addition  
NAME **17241 NE 13th AVE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D KRAVITZ, STEVEN J**  
STREET ADDRESS **1221 BRICKELL AVE.**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition  
NAME **400003746174--2**  
STREET ADDRESS **-02/21/01--01112--004**  
CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/2/01  
Daytime Phone #

CR2E037 (9/99)