

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000007528

1. Entity Name

AMERICAN FRIENDS OF YESHIVA ETZ JOSEPH, INC.

FILED

01 JAN 31 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

16750 N.E. 10TH AVE., UNIT 213
NORTH MIAMI BEACH FL 33162

16750 N.E. 10TH AVE., UNIT 213
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

Zip

Country

Zip

Country

4. FEI Number

74-2539209

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

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 D
NAME GOODMAN, DANIEL
STREET ADDRESS 16750 N.E. 10TH AVE., UNIT 213
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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

TITLE D
NAME GOODMAN, CHANA RUTH
STREET ADDRESS 16750 N.E. 10TH AVE., UNIT 213
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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

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

TITLE
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CITY-ST-ZIP

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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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE