

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071235

1. Entity Name

KOLLEL GRADUATE STUDENT HOUSING, INC.

Principal Place of Business

1910 ALTON RD.
MIAMI BEACH FL 33139

Mailing Address

1910 ALTON RD.
MIAMI BEACH FL 33139

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

650278128

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

ZEMEL, DANIEL J

4700 SHERIDAN ST., STE. B
HOLLYWOOD FL 33021

Name

IRAN H. LI

Street Address (P.O. Box Number is Not Acceptable)

1910 Alton Rd

City

Miami Beach

FL

Zip Code

33139

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

~~Rabbi Jerome Zweig President~~
Rabbi Jerome Zweig
2035 N Bay Rd
Miami Beach FL 33140

VET
Yitzchok Zweig
2035 N Bay Rd
Miami Beach FL 33140

Sect
Rabbi M Simon
1910 Alton Rd
Miami Beach FL 33139

☐ Change

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-22-2002 90164 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)