

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08113

1. Entity Name

VOLUNTEERS FOR ISRAEL, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90004 031 ****70.00

Principal Place of Business 330 W. 42ND STREET SUITE 1818 NEW YORK NY 10036	Mailing Address 330 W. 42ND STREET SUITE 1818 NEW YORK NY 10036-6902
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. SUITE 1618	Suite, Apt. #, etc. SUITE 1618
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 13-3143219	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LOBEL, EMMA 7980 N.W. 50TH ST. SUITE 207 LAUDERHILL FL 33351
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERN, ARTHUR 108-29 68TH RD FOREST HILLS NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUM, DINA 1937 E 17 ST BROOKLYN NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERNER, RICKEY 5814 EDSON LANE ROCKVILLE MD 20852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHILTZ, C 156-11 AGUILAR AVE FLUSHING NY 11367 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLMAN, ROSALINE 780 ARGYLE ROAD BROOKLYN NY 11330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHACHTER, JEANNE S 2284 N 51ST ST PHILADELPHIA PA <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NABUT, MARCIA 10 DANBURY CIRCLE N ROCHESTER, NY 14618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHILOWITZ, C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALINE MILLMAN 2-28-2000 (212) 643-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)