

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90102 048 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P08113

1. Entity Name

VOLUNTEERS FOR ISRAEL, INC.

Principal Place of Business

Mailing Address

330 W. 42ND STREET
 STE 1618
 NEW YORK NY 10036

330 W. 42ND STREET
 STE 1618
 NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

330 W 42ND ST

330 W 42ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1618

STE 1618

City & State

City & State

NEW YORK N.Y.

NY, NY

Zip

Country

Zip

Country

10036

NY

10036

N.Y.

4. FEI Number

13-3143219

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

LOBEL, EMMA
7980 N.W. 50TH ST.
SUITE 207
LAUDERHILL FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 **VD**
 STREET ADDRESS **NABUT, MARCIA**
 CITY-ST-ZIP **10 DANBURY CIRCLE N**
ROCHESTER NY 14618

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **GOLDBERG, FLORENCE**
 CITY-ST-ZIP **3 ROGER ST**
HEMPSTEAD NY

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **STEIN, CAROL**
 CITY-ST-ZIP **1650 LIMERICK LANE**
DRESHER PA 19025

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **SCHLOWITZ, C**
 CITY-ST-ZIP **156-11 AGUILAR AVE**
FLUSHING NY 11367

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MILLMAN, ROSALINE**
 CITY-ST-ZIP **780 ARGYLE ROAD**
BROOKLYN NY 11330

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SCHACHTER, JEANNE S**
 CITY-ST-ZIP **2284 N 51ST ST**
PHILADELPHIA PA

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

Florence Goldberg

9/13/02 212-643-4848

CR2E037 (4/02)