

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90199 036 ****61.25

DOCUMENT # P36299

1. Entity Name,

FRIENDS OF ISRAEL DISABLED VETERANS, INC.

Principal Place of Business

**419 PARK AVENUE SOUTH
 NEW YORK NY 10016**

Mailing Address

**419 PARK AVENUE SOUTH
 NEW YORK NY 10016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

905

Suite, Apt. #, etc.

905

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3392711**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 NAME STREET ADDRESS CITY-ST-ZIP	P ABERBACH, SUSAN 41 EAST 57TH STREET NEW YORK NY 10022	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEICHTLING, MICHAEL, ESQ 1211 AVE OF THE AMERICAS NEW YORK NY 10036	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUKIER, MIKE 7300 RADICE COURT #803 LAUDERHILL FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GOTTFRIED, REGINA 419 PARK AVE S NEW YORK NY 10016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE REQUIRED
Regina Gottfried

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)