

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744454

**Entity Name:** TORAS EMES ACADEMY OF MIAMI, INC.

**Current Principal Place of Business:**

1051 N MIAMI BEACH BLVD  
N MIAMI BEACH, FL 33162

**Current Mailing Address:**

1025 NE MIAMI GARDENS DR  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 59-1870702

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NIMAN, YISROEL RABBI  
4595 NAUTILUS COURT  
MIAMI BEACH, FL 33140 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CO-PRESIDENT  
Name JACOB, ALLAN DR.  
Address 536 W 47 STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name PALGON, MORDECHAI RABBI  
Address 17601 NE 7 AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title V/D  
Name LEHRFIELD, MOSHE RABBI  
Address 1310 N.E. 173RD ST.  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name LUBAN, BINYOMIN RABBI  
Address 930 NE 175 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name NIMAN, ISRAEL RABBI  
Address 4595 NAUTILUS COURT  
City-State-Zip: MIAMI BEACH FL 33140

Title CO-PRESIDENT  
Name RUBIN, JONATHAN DR.  
Address 4541 NORTH BAY ROAD  
City-State-Zip: MIAMI FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RABBI ISRAEL NIMAN

**DEAN**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date