

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008080

Entity Name: ISRAEL EXPERIENCE INC.**Current Principal Place of Business:**83 HARLAN DRIVE
NEW ROCHELLE, NY 10804**Current Mailing Address:**83 HARLAN DRIVE
NEW ROCHELLE, NY 10804 US**FEI Number:** 26-3277052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYKS, TULLY
17231 NE 11 COURT
MIAMI, FL 33162 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 PRESIDENT
Name BRYKS, TULLY
Address 83 HARLAN DRIVE
City-State-Zip: NEW ROCHELLE NY 10804

Title DIRECTOR
Name WEISS, RICHARD
Address 7301 SW 115 STREET
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name KALOS, STEPHEN
Address 625 W 42 STREET
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name KALLUS, DAVID DR.
Address 88/1 NACHAL DOLEV
City-State-Zip: BEIT SHEMESH 99640

Title DIRECTOR
Name ZAK, NAHUM
Address 7219 139 STREET
City-State-Zip: FLUSHING NY 11367

Title DIRECTOR
Name FINKEL, RICHARD DR.
Address 14024 68 DRIVE
City-State-Zip: FLUSHING NY 11367

Title SECRETARY
Name BRYKS, HINDY
Address 21/1 NACHAL REFAIM
City-State-Zip: BEIT SHEMESH 99640

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: TULLY BRYKS**PRESIDENT****07/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date