

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000011296

Entity Name: NORTH MIAMI BEACH KOLLEL, INC.**Current Principal Place of Business:**990 NE 175 STREET
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**990 NE 175 STREET
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 46-4360732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELDMAN, PAUL
2750 NE 185TH STREET
SUITE 203
AVENTURA, FL 33180 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	PD
Name	SINGER, AARON D
Address	1171 NE 170TH STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	SD
Name	BLEJER, JACOB T
Address	1062 NE 176 TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	VPD
Name	SAPOZINK, ISAAC
Address	1020 NE 169TH TER
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TD
Name	SINGER, MICHAEL
Address	10301 SW 90TH AVENUE
City-State-Zip:	MIAMI FL 33176

Title	VPD
Name	SILVERSTEIN, BENJI
Address	17231 NE 11TH COURT
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: MICHAEL SINGER**DIRECTOR****02/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date