

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002680

**Entity Name:** TORAS EMES DEVELOPMENT COMPANY, INC.

**FILED**  
**Jun 09, 2020**  
**Secretary of State**  
**9507153162CC**

**Current Principal Place of Business:**

1051 N. MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1025 MIAMI GARDENS DR  
NORTH MIAMI BEACH, FL 33179

**FEI Number: 65-0494823**

**Certificate of Status Desired: No**

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

DR ALLAN JACOB  
536 W 47 ST  
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 D  
Name LEHRFIELD, MOSHE RABBI  
Address 1310 NE 173 ST  
City-State-Zip: N MIAMI BEACH FL 33162

Title D  
Name JACOB, ALLAN DR  
Address 536 W 47 ST  
City-State-Zip: MIAMI BEACH FL 33140

Title D-P  
Name PEPPARD, TUVIA DR.  
Address 4350 N JEFFERSON AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name PALGON, MORDECHAI RABBI  
Address 17601 N E 7 AVE  
City-State-Zip: MIAMI FL 33162

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

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

Title D  
Name LAPCIUC, MARCOS MR.  
Address 4465 N MERIDIAN AVE  
City-State-Zip: MIAMI BEACH 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 YISROEL NIMAN**

**D**

**06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date