

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

DOCUMENT# N98000000659

**Entity Name:** YESHIVA GEDOLAH RABBINICAL COLLEGE, INC.

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**6481191195CC**

**Current Principal Place of Business:**

1140 ALTON ROAD  
ADDRESS<>ADDRESS2  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

17330 NW 7 AVE  
ADDRESS<>ADDRESS2  
MIAMI, FL 33169 US

**FEI Number: 65-0809938**

**Certificate of Status Desired: No**

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

KORF, BENZION  
17330 NW 7 AVE  
ADDRESS<>ADDRESS2  
MIAMI, FL 33169 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 DP  
Name KORF, ABRAHAM  
Address 1257 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title DV  
Name KORF, BENZION  
Address 6100 PINE TREE DR  
City-State-Zip: MIAMI BEACH FL 33140

Title DS  
Name SOSSONKO, YOSEF  
Address 1207 LENOX AVE.  
City-State-Zip: MIAMI BEACH FL 33139

Title DT  
Name SCHAPIRO, YEHUDA L  
Address 2040 NORTH BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name MIRMEELLI, STEWART  
Address 1210 MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33139

*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: BENZION KORF**

**DIRECTOR**

**01/16/2020**

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

\_\_\_\_\_  
Date