

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005181

**FILED**  
**Jan 20, 2021**  
**Secretary of State**  
**6732215765CC**

**Entity Name:** EL CENTRO DE ESTUDIOS JUDIOS TORAT EMET

**Current Principal Place of Business:**

50 FLEETWOOD AVENUE APT 6G  
MOUNT VERNON, NY 10552

**Current Mailing Address:**

50 FLEETWOOD AVENUE APT 6G  
MOUNT VERNON, NY 10552 US

**FEI Number:** 13-4173711

**Certificate of Status Desired:** No

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

VINAS, RIGOBERTO E  
1221 SW 104 AVE  
MIAMI, FL 33174 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 CDP  
Name RABBI RIGOBERTO EMMANUEL VINTAS  
Address 117 ST. JOHNS AVENUE  
City-State-Zip: YONKERS NY 10704

Title VP  
Name VINAS, BENJAMIN ABBA  
Address 1221 SW 104TH AVENUE  
City-State-Zip: MIAMI FL 33174

Title S  
Name WEBERMAN, ESTHER  
Address 1215 BIARRITZ DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title T  
Name VINAS, GILA  
Address 3725 HENRY HUDSON PARKWAY  
APT 5H  
City-State-Zip: BRONX NY 10463

Title EXECUTIVE SECRETARY  
Name WEBERMAN, RABBI AVI  
Address 1215 BIARRITZ DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** RIGOBERTO EMMANUEL VINAS

**PRESIDENT**

**01/20/2021**

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

\_\_\_\_\_  
Date