

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90059 041 \*\*\*\*61.25

DOCUMENT # N0000003507

1. Entity Name

MOSHIACH DISCOVERY INSTITUTE, INC.

LA

Principal Place of Business

Mailing Address

7565 NW 44TH STREET, #1904  
 LAUDERHILL FL 33319

7565 NW 44TH STREET, #1904  
 LAUDERHILL FL 33319

2. Principal Place of Business

1955 NE 135th St. #303

3. Mailing Address

1955 NE 135th St. #303

Suite, Apt. #, etc.  
 #303

Suite, Apt. #, etc.  
 #303

City & State  
 North Miami, FL

City & State  
 North Miami, FL

Zip  
 33181

Country  
 USA

Zip  
 33181

Country  
 USA

4. FEI Number  
 65-1013786

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN, DANIEL J RABBI  
 7565 NW 44TH STREET, #1904  
 LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name GREEN, RABBI DANIEL J.

Street Address (P.O. Box Number is Not Acceptable)

1955 NE 135th St. #303

City North Miami, FL Zip Code 33181

8. 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 Daniel J. Green Daniel J. Green 6/5/01  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Daniel J. Green
CITY-ST-ZIP	1955 NE 135th St. #303 N. Miami, FL 33181
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Officer Director
STREET ADDRESS	Shulamith Green
CITY-ST-ZIP	1955 NE 135th St. #303 N. Miami, FL 33181
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Menachem M. Green
CITY-ST-ZIP	1955 NE 135th St. #303 N. Miami, FL 33181
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Green 4/25/01 305-741-5746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #