

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-18-2002 90050 018 *****61.25

FILED N00000003507
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN - 9 AM 10:46

DOCUMENT # N00000003507
1. Entity Name
KEYSTONE JEWISH CENTER, INC. (R)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1955 NE 135 ST. #303
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI, FL
Zip 33181 County USA

City & State
Zip Country

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

7. Name and Address of Current Registered Agent

Name Rabbi Daniel Green
Street Address (P.O. Box Number is Not Acceptable)
1955 NE 135 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE D.P.
NAME DANIEL GREEN
STREET ADDRESS 1955 NE 135 ST #303
CITY - ST - ZIP NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D.
NAME SHULAMITH GREEN
STREET ADDRESS 1955 NE 135 ST. #303
CITY - ST - ZIP NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D.
NAME MENACHEM M. GREEN
STREET ADDRESS 1955 NE 135 ST. #303
CITY - ST - ZIP NORTH MIAMI, FL 33181

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shulamith Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02
Date

Daytime Phone #

CR2E037B (12/01)