

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706883

FILED
Jan 17, 2003
Secretary of State

Entity Name: JACOB C. COHEN COMMUNITY SYNAGOGUE, INC.

Current Principal Place of Business:

999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1086821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALBUT, ABRAHAM,
Address: 4425 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL

Title: V () Delete
Name: GALBUT, DAVID,
Address: 4730 N. BAY RD.
City-St-Zip: MIAMI BEACH, FL

Title: BD () Delete
Name: WASSERMAN, MARTIN,
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: ALAN WALTERS,
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: BD () Delete
Name: GALBUT, RUSSELL,
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ABRAHAM GALBUT

PD

01/17/2003

Electronic Signature of Signing Officer or Director

Date