2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE

FILED DOCUMENT # 715259 Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** SEPHARDIC CONGREGATION OF FLORIDA, INC. 02-16-2000 90049 027 ****61.25 Mailing Address Principal Place of Business 1200 NORMANDY DR. 1200 NORMANDY DR. MIAMI BEACH FL 33141-3611 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 23-7004362 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITRANI, ISAAC J. Street Address (P.O. Box Number is Not Acceptable) MITRANI. ISAAC J <u>MITRANI, RYNOR, ADAMSKY, MACAULAY & ZORRILLA</u> MITRANI, RYNOR & GALLEGOS 2201 SUNTRUST INTERNAIONAL CENTER, ONE S.E.3rd A 1 SE 3RD AVE SUITE 1440 Zip Code **MIAMI FL 33131** MIAMI, 33131 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. D۷ lst VP Addition ☐ Change TITLE □ Delete TITI F MOISES MAYA NAME NAME BEHAR. ROBERTO E. STREET ADDRESS STREET ADDRESS 1928 SO. OCEAN DRIVE APT #405 7805 NOREMAC AVENUE CITY-ST-7IP MIAMI BEACH, FL 33141 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Addition 2nd, VP ☐ Change D۷ □ Delete TITLE, NAME EGOZI, MOISES NAME JOSE OJALVO STREET ADDRESS STREET ADDRESS 10101 COLLINS AVE PHIA 20351 N. E. 21st Avenue CITY-ST-ZIF North Miami Beach, Fl 33179 CITY-ST-ZIP **BAL HARBOUR FL** ☐ Change PD ☐ Delete TITLE 2 Addition NAME GARAZI, SABETO NAME STREET ADDRESS 6039 COLLINS AVE APT 1535 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 TITI F ☐ Delete Change Addition NAME LAGARI, ISAAC NAME STREET ADDRESS STREET ADDRESS 7601 E. TREASURE DRIVE APT. #409 CITY-ST-ZIP CITY-ST-ZIP NO. BAY VILLAGE FL 33141 ☐ Delete Change Addition TITLE TITLE NAME BEHAR, JOSEPH NAME STREET ADDRESS STREET ADDRESS 16426 NE 32ND AVE CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director Propowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste