


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90266 002 ****61.25

DOCUMENT # 715259

1. Entity Name
SEPHARDIC CONGREGATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
1200 NORMANDY DR. **1200 NORMANDY DR.**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**

11013349



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

Zip Country Zip Country

4. FEI Number **23-7004362** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MITRANI, ISAAC J
MITRANI, RYNOR & GALLEGOS
2200SUNTRUST INTLCENTER SE 3RD AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	RAFAEL, MAYA	
STREET ADDRESS	3640 YACHT CLUB DR #807	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EGOZI, MOISES	
STREET ADDRESS	10101 COLLINS AVE PH1A	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOISES, MAYA	
STREET ADDRESS	7805 NOREMAL AVE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAGARI, ISAAC	
STREET ADDRESS	1065 98TH ST APT #4	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEHAR, JOSEPH	
STREET ADDRESS	19111 COLLINS AVE APT #1502	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	IVP	<input type="checkbox"/> Delete
NAME	DIDIER, CHOUKROUN	
STREET ADDRESS	21 LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI BCH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Isaac Lagari* President

CFR2E037 (10/02)