

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0048196

03-12-2001 90449 048 *****61.25

DOCUMENT # 735325

1. Entity Name

THE RECONSTRUCTIONIST SYNAGOGUE, INC.

Principal Place of Business

Mailing Address

11301 WEST BROWARD BLVD
 PLANTATION FL 33325

11301 WEST BROWARD BLVD
 PLANTATION FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1689889

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLSTEIN, GERALD CPA
8320 W SUNRISE BLVD
STE 108
PLANTATION FL 33322

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.

SIGNATURE GERALD HOLSTEIN, CPA *X no change of agent*

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

(NOTE: Registered Agent signature required when changing)

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	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, RICHARD	
STREET ADDRESS	521 SW 7 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLADSTEIN, SUSAN	
STREET ADDRESS	11079 NASHVILLE DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	KIRSCHNER, MICHAEL	
STREET ADDRESS	471 LEXINGTON AVE	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKOWITZ, DAVID	
STREET ADDRESS	7045 GOLF POINTE CIR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedmar Robert	
STREET ADDRESS	1660 NW 100 Terrace	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph	
STREET ADDRESS	10414 SW 26 St.	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Joseph	
STREET ADDRESS	901 St Andrews Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kohn, Faith	
STREET ADDRESS	4317 W. Broward Blvd.	
CITY-ST-ZIP	Plantation, FL 33317	
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: Robert A. Friedmar, President 954-472-3600 1/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)