

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

DOCUMENT # 743757

1. Entity Name

CONGREGATION B'NAI ISRAEL OF CORAL SPRINGS, INC.

01-18-2001 90006 036 ****61.25

Principal Place of Business	Mailing Address
4129 N.W. 88TH. AVE. APARTMENT 106 CORAL SPRINGS FL 33065	4129 N.W. 88TH. AVE. APARTMENT 106 CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1944378	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KARGMAN, DAVID
4129 NW 88TH AVE
APARTMENT 106
CORAL SPRINGS FL 33065

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.

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

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	
TITLE NAME	DC <input type="checkbox"/> Delete SATLOW, HYMAN
STREET ADDRESS	3220 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE FL 33063
TITLE NAME	SD <input type="checkbox"/> Delete BUSHMAN, BEATRICE
STREET ADDRESS	4167 N.W. 90TH AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE NAME	P <input type="checkbox"/> Delete KARCMAN, DAVID
STREET ADDRESS	4122 NW 88TH AVE, APT. 207
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE NAME	D <input type="checkbox"/> Delete SCHREIBER, ESTHER
STREET ADDRESS	4275 NW 89TH AVE APT 101
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE NAME	VP <input type="checkbox"/> Delete BLINDER, DAVID
STREET ADDRESS	4277 NW 89TH AVE, APT. 102
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE NAME	D <input type="checkbox"/> Delete FRIEDMAN, IRENE
STREET ADDRESS	4120 NW 88TH AVE APT 205
CITY-ST-ZIP	CORAL SPRINGS FL 33065

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINENSCHMIDT, ELMER
STREET ADDRESS	3968 N.W. 89TH AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COHEN, MORRIS
STREET ADDRESS	4122 N.W. 88TH AVE, APT. 103
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TOLEDANO, SOLOMON
STREET ADDRESS	4152 N.W. 90TH AVE, APT. 204
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JONAS ERSTEIN
STREET ADDRESS	4115 N.W. 89TH AVE, APT. 102
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HERMAN, SAMUEL
STREET ADDRESS	4155 N.W. 90TH AVE, APT. 207
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOODMAN, MORTON
STREET ADDRESS	4161 N.W. 90TH AVE, APT. 107
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065

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: DAVID KARGMAN, PRESIDENT **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/3/01 Daytime Phone #: (954) 753-0456

CR2E037 (10/00)