

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/19/01-9

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90011 026 \*\*\*\*61.25

**DOCUMENT # 768510**

1. Entity Name

**TEMPLE BETH EL ISRAEL, INC.**

Principal Place of Business

551 S.W. BETHANY DRIVE  
 PORT ST LUCIE FL 34986  
 US

Mailing Address

551 S.W. BETHANY DRIVE  
 PORT ST LUCIE FL 34986  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0966647**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OXMAN, GARY**  
 2283 SE BRECKENRIDGE CIRCLE  
 PORT ST. LUCIE FL 34952

Name  
**CASSEL, MIRIAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**715 S.W. ST. VINCENT COVE**  
 City  
**PORT ST. LUCIE FL** Zip Code  
**34986**

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 MIRIAM CASSEL, PRESIDENT

01/07/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, EDWARD 1215 BENT PINE COVE PORT ST LUCIE FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSEL, MIRIAM 715 S.W. ST. VINCENT COVE PORT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GORDON, JEROME 2844 S.W. BRIGHTON WAY PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OXMAN, GARY 2283 S.E. BRECKENRIDGE CIRCLE PORT ST. LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D PIERCE, DONNA 574 N.W. CORTINA LANE PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANIN, DOROTHY 568 N.W. CORTINA LANE PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RANSFORD PIERCE, RANSFORD 574 NW CORTINA LANE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D CASSEL, MIRIAM 715 S.W. ST. VINCENT COVE PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EICHENBAUM, TUBI 2728 SE EAGLE DR PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary Oxman*

01/07/01

561-343-9549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)