

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90134 015 ****61.25

DOCUMENT # 768510

1. Entity Name

TEMPLE BETH EL ISRAEL, INC.

Principal Place of Business

Mailing Address

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

**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

**CASSEL, MIRIAM
 715 SW ST VINCENT COVE
 PORT SAINT LUCIE FL 34986**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	PIERCE, RANSFORD	
STREET ADDRESS	574 NW CURTINA LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASSEL, MIRIAM	
STREET ADDRESS	715 S.W. ST. VINCENT COVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EICHENBAUM, TOBI	
STREET ADDRESS	2728 SE EAGLE DR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, DONNA	
STREET ADDRESS	574 N.W. CORTINA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JANIN, DOROTHY	
STREET ADDRESS	568 N.W. CORTINA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM GLUCK TO	
STREET ADDRESS	327 NW TUSCANY DR	
CITY-ST-ZIP	PORT ST LUCIE, FL. 34986	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIAN MALKIN SD	
STREET ADDRESS	2163 SE SHELTER DR.	
CITY-ST-ZIP	PORT ST LUCIE, FL. 34952	
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: *Miriam Gluck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/24/02*
 Daytime Phone #: *861-336-2424*

CR2E037 (9/01)