


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 769333
 1. Entity Name
BETH JACOB HIGH SCHOOL, INC.



Principal Place of Business: 1110 N.E. 163 ST. N. MIAMI BCH FL 33162 US
 Mailing Address: 1110 N.E. 163 ST. N MIAMI BCH FL 33162 US

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2335606**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SOSTCHIN, GUILLERMO
1415- 20TH ST #402
MIAMI BEACH FL 33140

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 _____
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: VTD NAME: SOSTCHIN, HENRIETTA STREET ADDRESS: 1415- 20TH ST #402 CITY - ST - ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: CPD NAME: SOSTCHIN, GUILLERMO STREET ADDRESS: 1415- 20TH ST #402 CITY - ST - ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE: D NAME: LAMPERT, ARI STREET ADDRESS: 4465 MERIDIAN AVE CITY - ST - ZIP: MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE: D NAME: LEIZERSON, EPHRAIM STREET ADDRESS: 670 NE 176 ST CITY - ST - ZIP: N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/23/04-80167-022 61.25

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: *Henrietta Sostchin* Henrietta Sostchin 2/19/04