

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-25-2000 90025 016 ****61.25

DOCUMENT # N18349

1. Entity Name

THE DAVE AND MARY ALPER JEWISH COMMUNITY CENTER,

Principal Place of Business

Mailing Address

11155 SW 112 AVE
 MIAMI FL 33176
 US

11155 SW 112 AVE
 MIAMI FL 33176-3251
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2736411

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BERNSTEIN, RICHARD N.
 COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL
 2601 S BAYSHORE DR.
 MIAMI FL 33133**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	ROSEN, EDWARD	11155 SW 112 AVE.	MIAMI FL	D			
DT	FOLDES, STEVE	11155 SW 112 AVENUE	MIAMI FL	DT	Jorge Rawicz	11155 SW 112 Avenue	Miami, FL
DT	SABLOTSKY, NOREEN	11155 SW 112 AVENUE	MIAMI FL	DP			
DS	DAVIDSON, BETH	11155 SW 112 AVENUE	MIAMI FL	DV			
DV	BRODIE, SHELLY	11155 SW 112 AVENUE	MIAMI FL	DV	Shelley Jacoby	S A M E	

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:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

REVISED **

March 21, 2000

January 19, 2000 305-271-9000

Date

Daytime Phone #