


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90100 021 ****70.00

DOCUMENT # N19529

1. Entity Name
SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.



Principal Place of Business: **5701 S.W. 82 AVE. DAVIE FL 33328 US**

Mailing Address: **5701 S.W. 82 AVE. DAVIE FL 33328 US**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0027616** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SIEPSE, GARY
5701 SW 82 AVE.
DAVIE FL 33028

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: _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ALTER, BARRY R MD STREET ADDRESS: 3212 SW 57TH PLACE CITY-ST-ZIP: FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: GLASSER, GENE K STREET ADDRESS: 4231 CASPER COURT CITY-ST-ZIP: HOLLYWOOD-FL-33021	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: TELLES, SELMA STREET ADDRESS: 6618 RACQUET CLUB DR. CITY-ST-ZIP: LAUDERHILL FL	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: TABATCHNICK, DREW STREET ADDRESS: 12101 NW 7TH ST CITY-ST-ZIP: PLANTATION FL 33325	<input type="checkbox"/> Delete
TITLE: SD NAME: SIEPSE, GARY STREET ADDRESS: 5701 SW 82 AVE. CITY-ST-ZIP: DAVIE FL 33328	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SOMERATEIN, MARK K STREET ADDRESS: 8708 MAHOGANY AVE. CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: DECKELBAUM, GORDON STREET ADDRESS: 6051 N. OCEAN DR, PENTHOUSE 5 CITY-ST-ZIP: HOLLYWOOD, FL 33019	<input checked="" 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
TITLE: SD NAME: WEINBAUM, MARTIN P. STREET ADDRESS: 5701 SW 82 AVE CITY-ST-ZIP: DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LEVY, ALAN STREET ADDRESS: 75 ROYAL PALM DR CITY-ST-ZIP: FT. LAUDERDALE, FL 33301	<input checked="" 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)(l), 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* Gary Siepser, Secretary 1/21/2003 954-434-9666

CR2E037 (10/02)