

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90131 017 \*\*\*\*61.25

**DOCUMENT # N94000003855**

1. Entity Name

**PALM BEACH ORTHODOX SYNAGOGUE, INC.**

Principal Place of Business

**235 SUNRISE AVE  
 PENTHOUSE  
 PALM BEACH FL 33480**

Mailing Address

**P.O. BOX 3225  
 PALM BEACH FL 33480  
 US**

1 0 0 0 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**120 North County Road**

3. Mailing Address

Suite, Apt. #, etc.

**PO Box 3225**

City & State

**Palm Beach, FL**

City & State

**Palm Beach, FL**

4. FEI Number

**65-0478910**

Applied For

Not Applicable

Zip

**33480**

Country

**USA**

Zip

**33480**

Country

**USA**

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

**HARARY, HENRY M  
 7850 S FLAGLER DR  
 WEST PALM BEACH FL 33405**

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	<b>DP STEINBERG, EDWARD 235 SUNRISE AVE PALM BEACH LF 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP WEINER, ERIC 235 SUNRISE AVENUE PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GELFORD, MICHAEL 235 SUNRISE AVENUE PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT WEINER, STEVEN L 235 SUNRISE AVE PALM BEACH FL 33480</b>	<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

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	<b>Michael GELFAND</b> <i>(Correction)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEVEN L. WINIG</b> <i>(Correction)</i>	<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

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

Date

1/11/01

Daytime Phone #

561-684-9100

CR2E037 (10/00)