


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90324 001 \*\*\*122.50

**DOCUMENT # N94000004320**

1. Entity Name  
**BET SHIRA ENDOWMENT FOUNDATION, INC.**



Principal Place of Business  
 7500 S.W. 120TH ST.  
 MIAMI, FL 33156

Mailing Address  
 7500 S.W. 120TH ST.  
 MIAMI, FL 33156

**66410277**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03252004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0526420**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**TESCHER, GAIL S**  
 7500 S.W. 120TH ST.  
 MIAMI, FL 33156

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	ROTH, NEAL	7229 SW 102 ST.	PINECREST, FL 33156	<input checked="" type="checkbox"/>
D	FEILER, JEFFREY	8441 SW 114 STREET	MIAMI, FL	<input checked="" type="checkbox"/>
DS	ISICOFF, LAUREL	12370 SW 77 CT	MIAMI, FL	<input checked="" type="checkbox"/>
DT	LARKIN, ELYOSE	7901 SW 143 ST.	MIAMI, FL 33158	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Spector, Brian	13551 SW 57 court	Miami, FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
Vice-President	Robert W. Spiegelman	673 Destacada Avenue	Coral Gables, FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	Zelinko, Regina	10040 SW 144 Street	Miami, FL 33176	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Larkin, Elyse	7901 SW 143 Street	Miami, FL 33158	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	TESCHER, GAIL	7500 SW 120 ST	MIAMI, FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Gail S. Tescher* 3/30/04 305-238-2601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #