

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90020 019 \*\*\*\*70.00

**DOCUMENT # N98000002821**

1. Entity Name

**SHEMA ISRAEL MESSIANIC JEWISH CONGREGATION, INC.**

Principal Place of Business

10062 S.W. 156TH COURT  
 MIAMI FL 33196

Mailing Address

10062 S.W. 156TH COURT  
 MIAMI FL 33196

2. Principal Place of Business

**7441 NW. 8 ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A**

City & State

**MIAMI - FL.**

City & State

4. FEI Number

**65-0875619**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

**33126**

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GOFFMAN, MANUEL D  
 10062 S.W. 156TH COURT  
 MIAMI FL 33196**

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.

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	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>GOFFMAN, MANUEL D</b>	
STREET ADDRESS	<b>10062 S.W. 156TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERRERA, MERCEDES</b>	
STREET ADDRESS	<b>3586 NW 41 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAWER, IRA</b>	
STREET ADDRESS	<b>22095 ATAMAN ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33482</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIVLOWITZ, GARY</b>	
STREET ADDRESS	<b>724 LITTLE AMPTON LANE</b>	
CITY-ST-ZIP	<b>GOtha FL 34734</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, JERRY</b>	
STREET ADDRESS	<b>122 HORSESHOE TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>GOFFMAN, ROSA A</b>	
STREET ADDRESS	<b>10062 SW 156 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_

**MANUEL D. GOFFMAN** PRESIDENT DIRECTOR

**4/2/01 (305) 266-4442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)