

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90045 028 \*\*\*61.25

**DOCUMENT # N98000003049**

1. Entity Name  
**THE SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF** *R*

Principal Place of Business      Mailing Address  
**TEMPLE BETH AM**      **TEMPLE BETH AM**  
**5950 N KENDALL DR**      **5950 N KENDALL DR**  
**MIAMI FL 33156**      **MIAMI FL 33156-2068**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0862591**      Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**GOLD, ETTA**  
**TEMPLE BETH AM**  
**5950 N KENDALL DR**  
**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

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

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</b>	<b>GOLD, ETTA D</b> <b>5950 N. KENDALL DR.</b> <b>MIAMI FL 33156</b> <i>President</i> <input type="checkbox"/> Delete <i>Director</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<b>SCHWARZER, BARDA S</b> <b>5950 N. KENDALL DR.</b> <b>MIAMI FL 33156</b> <i>V/Pres. / Director</i> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<b>HOFFMAN, SANDY</b> <b>18801 2ND AVE NE</b> <b>N. MIAMI BEACH FL 33180</b> <input checked="" type="checkbox"/> Delete	TITLE <b>D Sharon ARGOU</b> <b>1732 Vestal way</b> <b>coral springs FL 33071</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b>	<b>WOLFE, SHIRLEY CA</b> <b>4200 BISCAYNE BLVD</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<b>EFRON, MURIEL</b> <b>10282 HERONWOOD LANE</b> <b>W. PALM BEACH FL 33412</b> <i>Secretary / Director</i> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <b>Sharon ARGOU</b> <b>1732 Vestal way</b> <b>coral springs FL 33071</b> <input type="checkbox"/> Change <input checked="" 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)(f), 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 fees empowered.



DO NOT WRITE IN THIS SPACE

CR2E07 (9/99)

SIGNATURE: *Sharon Argou*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/00*      305-261-3882  
 Date      Daytime Phone #