

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90075 042 ****61.25

DOCUMENT # N99000000363

1. Entity Name

VILLAGE REFORM CONGREGATION, INC.

Principal Place of Business

Mailing Address

550 S.W. 137TH AVE., STE.L-401
 PEMBROKE PINES FL 33027

550 S.W. 137TH AVE., STE.L-401
 PEMBROKE PINES FL 33027-1541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0893990

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAILEANU, JORDAN D
 550 S.W. 137TH AVE., STE.L-401
 PEMBROKE PINES FL 33027

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 Delete
 NAME D
 STREET ADDRESS RAILEANU, JORDAN D
 CITY-ST-ZIP 550 S.W. 137TH AVE., STE.L-401
 PEMBROKE PINES FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS MARSHALL, ERWIN
 CITY-ST-ZIP 12500 S.W. 6TH ST.
 PEMBROKE PINES FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS COHEN, PAUL
 CITY-ST-ZIP 900 S.W. 142ND. AVE.
 PEMBROKE PINES FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS LANDES, SYLVIA
 CITY-ST-ZIP 900 S.W. 118TH TERR.
 PEMBROKE PINES FL 33027

TITLE Change Addition
 NAME D
 STREET ADDRESS LEAH CONN
 CITY-ST-ZIP 550 SW 137TH AVE K101
 PEMBROKE PINES, FL 33027

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME D
 STREET ADDRESS LIBBY WILLNER
 CITY-ST-ZIP 701 SW 142ND AVE S211
 PEMBROKE PINES FL 33027

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

954
 438-2078

Date

Daytime Phone #